

North Haledon Recreation Commission Coach's COVID-19 Check List

Date: _____ Players/Coaches Name: _____

Temperature reading: _____ (If over 100.4 send the player home)

Check all that apply. If none are present, check "**NONE OF THE ABOVE.**"

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- NONE OF THE ABOVE**

Screener's name (Print and sign) _____

**IMMEDIATELY AFTER EACH PRACTICE DROP THESE COMPLETED FORMS OFF IN AN ENVELOPE
LABELED WITH YOUR NAME AND TEAM TO ANGELO CIFALDI'S MAILBOX AT 60 RIDGE ROAD**

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>