NE
NORTHERN ELITE
GYMNASTICS AND CHEER

COVID-19 Health Survey

For the safety of our staff and athletes, this health survey needs to be completed and brought to each practice. There will be no exceptions to this policy.

Athlete Last Name:_____ Athlete First Name:_____

Answer the questions below for your athlete entering the building:

Does your athlete have any of the following:	**Yes**	**No**
Signs or symptoms of a fever (chills, sweats) or has had a fever that is 100 F or greater in the past 48 hours?		
Signs or symptoms of respiratory infection such as cough, sore throat or shortness of breath?		
Had contact in the past 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is suspected to have COVID-19 , or someone who is ill with a respiratory illness?		
Have travelled within the past 14 days outside of your normal routine? **(In accordance with governing mandates, if you have travelled to a state that has a high positive COVID rate there is a 14 day quarantine after travel and your athlete will not be allowed to practice during that time. The list of states can be found at https://covid19.nj.gov/faqs/nj-information/general-public/are-there-travel-restrictions-to-or-from-new-jersey-should-i-self-quarantine-if-i-have-recently-traveled)**		
Had close contact with someone that has travelled in the past 14 days?		

I attest that this form was completed to the best of my knowledge. I understand that deliberately falsifying any information on this form could result in dismissal of my athlete.

Parent Name:_____ Date:_____

Parent Signature:_____