



# BERLIN YOUTH HOCKEY

## ENTRY SCREENING AND WELLNESS CERTIFICATE

**This form must be completed by all staff, coaches, athletes, parent or other visitor  
in order to participate in and/or gain entry to the Notre Dame Arena**

*Please check your response to each question below.*

1. Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? Yes  No
2. Have you had a fever or felt feverish in the last 72 hours? Yes  No
3. Are you experiencing any respiratory symptoms including congestion, runny nose, sore throat, cough, shortness of breath or difficulty breathing? Yes  No
4. Are you experiencing any new muscle or body aches, chills or severe fatigue? Yes  No
5. Are you experiencing any gastrointestinal, nausea, vomiting or diarrhea issues? Yes  No
6. Have you experienced any new change in your sense of taste or smell? Yes  No
7. Have you tested positive for COVID-19 in the last 14 days? Yes  No
8. Your Temperature: You must have your temperature taken upon arrival at the facility with a thermometer. Based on the result of today's temperature taking, was your temperature greater than 100.4 degrees Fahrenheit? Yes  No
9. Have you travelled using public transportation outside New England, ie. Plane, bus, subway, cruise ship or train in the past 14 days? Yes  No

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU WILL NOT BE ALLOWED ENTRY TO THE FACILITY AND WILL NOT BE ALLOWED TO PARTICIPATE IN THE EVENT OR ATHLETIC ACTIVITY. PLEASE DO NOT COME INTO THE FACILITY AND SEEK MEDICAL ADVICE IF NECESSARY.\*\*\***

**For Non New England Residents Only:** If you are from outside of New England, have you quarantined for 14 days Yes  No

Under this paragraph, "quarantine" means that the individual executing the certification swears that he or she remained at home for at least 14 days before arriving in New Hampshire, only going out for essential items or work, and when outside of home maintain a physical distancing of 6 feet from other people and wore a cloth face covering/face mask when within less than 6 feet of another person during this 14 day "quarantine" period.

### WELLNESS CERTIFICATION

I certify that the answers provided above are true and correct.

\_\_\_\_\_  
(Name Printed)

\_\_\_\_\_  
NOTRE DAME ARENA  
(Facility Location)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone #)

\*\*\*The State of New Hampshire Universal Guidelines state that "individuals who develop symptoms of COVID-19, even mild symptoms, should consult their primary care providers about COVID-19 testing, or seek testing through one of the public testing options, such as through a State-run testing center, or local health department."