



Meadowlands Football League
123 Washington Ave
Rutherford, NJ 07070
(201) 615-3126
www.meadowlandsfootball.net

2020 MFL Season
Memo 09/01/20

COVID-19 Daily Pre-screening Questions

Name of Participant _____ Date: _____

Are you experiencing the following symptoms?

- | | | |
|---|-----|----|
| 1. Fever (>100.4 F) | Yes | No |
| 2. Cough or shortness of breath | Yes | No |
| 3. Sore throat | Yes | No |
| 4. Chills | Yes | No |
| 5. Muscle aches or rigors | Yes | No |
| 6. Headache | Yes | No |
| 7. New loss of taste or smell | Yes | No |
| 8. Abdominal pain, nausea, vomiting or diarrhea | Yes | No |

Have you had close contact with someone who is currently sick? Yes No

Have you been diagnosed with COVID-19 in the past three weeks or have reason to believe you have COVID-19? Yes No

Have you traveled or had close contact with anyone who has traveled internationally or outside the tri-state area? Yes No

Signature _____