

# Department of Public Recreation

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## Millburn Recreation Daily Health Questionnaire for Programs

Updated April 20, 2021

Participant Name \_\_\_\_\_

Today's Date \_\_\_\_\_ Time \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Has participant tested positive for COVID-19 in the last 10 days?

- Yes \_\_\_\_\_ No \_\_\_\_\_ EXEMPT\* \_\_\_\_\_

\* EXEMPT: Previous positive test, but it has been 10 days since symptoms first appeared AND it has been at least 24 hours with no fever AND other symptoms have improved.

2. Has the participant or any member of his/her household experienced any of the following COVID-19 symptoms within the last 10 days? Fever of over 100.4 degrees Fahrenheit, Chills, Dry Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or Body Aches, Headaches, New Loss of Taste or Smell, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting, Diarrhea.

- Yes \_\_\_\_\_ No \_\_\_\_\_ EXEMPT\* \_\_\_\_\_

\* EXEMPT: Participant and/or member of household has experienced symptoms, but symptoms have subsided for at least 24 hours AND tested negative for COVID-19

3. Has the participant had "close contact" to anyone who has had COVID-19 in the last 14 days? "Close contact" being defined as being within approximately 6 feet of a COVID-19 case for a prolonged period of time (greater than 15 minutes in a 24-hour period). Or having direct contact with infectious secretions (sputum, serum, blood, respiratory droplets, etc.) from a patient with COVID-19 (e.g. being coughed or sneezed on). Anyone who has had close contact with someone with COVID-19 should stay home for 14 days after their last exposure to that person.

- Yes \_\_\_\_\_ No \_\_\_\_\_

4. Participants must have their temperature checked at home prior to their arrival. During the participant's temperature check, was the temperature above 100.4 degrees Fahrenheit?

- Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has the participant traveled internationally or to another state (excluding NY, PA, CT, DE) in the last 10 days? (updated)

- Yes \_\_\_\_\_ No \_\_\_\_\_ EXEMPT\* \_\_\_\_\_

\* EXEMPT: Quarantine reduced to 7 days IF participant tested negative for COVID-19 3-5 days after arriving back in New Jersey.

\* EXEMPT: Clinically recovered from COVID-19 in the past 3 months (no quarantine or pre/post-travel test needed per NJDOH)

By signing below (person completing this form), I agree that the information provided on this form is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_