

**Montclair State - Child and Staff Prior Health Screening for Admittance/Entry**

\*Complete the checklist below for each player or staff member prior to entering or being admitted to camp/training at the beginning of each week\*

\*\* If there are any changes to any of the symptoms listed below, please record and notify camp administration\*\*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Event: \_\_\_\_\_

Temperature Check: \_\_\_\_\_ (Taken day of camp)

Fever Reducing Medicine Administered? YES NO

Tested Positive for COVID-19? YES NO

Contact with anyone diagnosed with COVID-19 in the past 14 days? YES NO

Cough, Shortness of Breath, Trouble Breathing? YES NO

Child/Staff Member has at least 2? YES NO

(Fever, Muscle Pain, Chills, Repeated Shaking with Chills, Loss of Taste or Smell)

Household Member has at least 2? YES NO

(Fever, Muscle Pain, Chills, Repeated Shaking with Chills, Loss of Taste or Smell)

I \_\_\_\_\_ understand that Montclair State University, its coaches, players, employees, and clinic staff (collectively "Montclair State University"), assume no responsibility or liability, or direct or indirect with respect to my participation in the Montclair State University ID Clinic Sunday, November 1, 2020 at Montclair State University, located in Essex County, NJ.

I hereby release from and waive any claims against, Montclair State University and the clinic staff resulting from my participation in the afore-mentioned clinic. I understand that, in exchange for my participation in the clinic, and by signing this waiver, I am giving up the right to bring a claim of any kind against Montclair State University and the ID clinic directly or indirectly for conducting the clinic.

I agree to abide but the rules of the ID Clinic:

Player Name Print: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Parent Signature required only if player is under 18 years of age

