**Borough of Manasquan**

**Self-Health Assessment Policy Survey**

**Program Coordinator/Program Participant**

**(rev. 7-20-20tf)**

Dear Manasquan Borough Recreation Coordinator or Participant:

As you know the Borough is in the midst of a dangerous COVID-19 pandemic. The virus is very communicable. Many measures have been put in place in by the Borough of Manasquan administration to prohibit the transmission of the disease. It is recognized that infected individuals may exhibit certain symptoms that may be evidence of the infection. Further, certain human interactions increase the chance of infection as does visiting and returning from certain hot zone states.

Therefore, as a condition of your participation in this recreation program, we ask that you review and execute the following survey. Please review each statement and sign at the bottom only once you have confirmed that every statement is true and applicable to you. Further, every program day thereafter, you agree that you will only participate in the program that day if every statement is true and applicable to you on that program day.

If on any given program day, you find that one or more of the statements is not true or applicable to you on that day, you are asked to contact the program coordinator prior to arriving at the program location to explain your circumstances.

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**COVID-19**

**Enduring Self-Health Assessment Survey**

1. I feel well.

1. I am not experiencing a fever of 100.4 Farenheit.
2. I have not experienced a fever of 100.4 degrees Farenheit in the past 14 days.
3. I am not currently experiencing a cough.
4. I have not experienced a cough in the last 14 days.
5. I am not experiencing shortness of breath.
6. I have not experienced shortness of breath in the last 14 days.
7. I am not experiencing a sore throat.
8. I have not experienced a sore throat in the past 14 days.
9. I am not experiencing the loss of taste or smell.
10. I have not experienced the loss of taste or smell in the past 14 days.
11. I am not experiencing chills.
12. I have not experienced chills in the past 14 days.
13. I am not experiencing nausea, diarrhea or vomiting.
14. I have not experienced nausea, diarrhea or vomiting in the past 14 days.
15. I am not experiencing fatigue.
16. I have not experienced fatigue in the past 14 days
17. I have not been in close proximity to anyone who was experiencing any of the above symptoms in the past 14 days or has experienced any of the above symptoms since my contact.
18. I have not been in close to anyone who tested positive for COVID-19 in the past 14 days.
19. I am not awaiting the results of a COVID-19 test.
20. I have not tested positive for COVID-19.
21. I have no reason to think that I have the COVID-19 virus.
22. I have not had any close contact with anyone who has traveled outside the State of NJ in the past 14 days.

I attest that I have read the Self-Assessment Policy and each question in the Self-Assessment Survey and understand the Policy and the Survey statements. I also understand that by signing this Self-Health Assessment Policy and Survey, I am attesting that every statement in the survey is true and applicable to me today. I further attest that if, on any program day in the future, one or more of the statements do not apply to me on that program day, I will immediately notify the program Coordinator and receive instruction on how to proceed prior to arriving at the program site.

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Program Participant Name (Printed)

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Program Participant Signature

(Or Guardian’s Signature)

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Program Coordinator Signature

Date: