ENTRY SCREENING AND WELLNESS CERTIFICATE

This form must be completed by all volunteers, parents, coaches, athletes, or other visitors in order to participate in and/or gain entry to observe an event or athletic activity at James Campion Rink.

1.	. Please check your response to each question below.	
2.	2. Have you been in close contact with someone who is suspected or confirmed to have COVID 14 days? Yes□ No□	0-19 in the past
3.	B. Have you had a fever or felt feverish in the last 72 hours? Yes□ No□	
4.	Are you experiencing any respiratory symptoms including congestion, runny nose, sore throa shortness of breath or difficulty breathing? Yes□ No□	t, cough,
5.	6. Are you experiencing any new muscle or body aches, chills or severe fatigue? Yes□ No□	
6.	6. Are you experiencing any headache, nausea, vomiting or diarrhea? Yes□ No□	
7.	7. Have you experienced any new change in your sense of taste or smell? Yes□ No□	
8.	3. Have you tested positive for COVID-19? Yes□ No□	
9.	 Have you travelled using public transportation ie. Plane, bus, subway, cruise ship or train. In days Yes□ No□ 	the past 14
10.	0. If you are from outside of New Hampshire, Maine or Vermont have you quarantined for 14 c coming into the State of New Hampshire? Yes□ No□	lays prior to
	Under this paragraph, "quarantine" means that the individual executing the certification sweather remained at a home for at least 14 days before arriving in New Hampshire, only going outlems or work, and when outside of the home maintained physical distancing of 6 feet from and wore a cloth face covering/face mask when within less than 6 feet of another person duri "quarantine" period.	ther people
ENTRY	OU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU WILL NOT BE AI RY TO THE FACILITY AND WILL NOT BE ALLOWED TO PARTICIPATE IN THE F LETIC ACTIVITY. PLEASE DO NOT COME INTO THE FACILITY AND SEEK MED ICE.**	EVENT OR
WELL	LNESS CERTIFICATION: I certify that the answers provided above are true and correct.	
Name (e (Printed) Signature Date	
e-mail	il	

^{**} 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 Staterun testing center, local health department, or ConvenientMD."