

MARVL COVID-19 Daily Event Screening Form

This form must be filled out by every participant on the day of each and every event you wish to participate in. If we don't have a completed form from you, you cannot play and you cannot be admitted into the building.

NOTE:

- 1) Everyone will be temperature screened at the door.
- 2) Anyone with a temperature greater than 100.4 or who has answered "Yes" to any of the screening questions in this form, cannot be admitted into the building.
- 3) For everyone's safety, no spectators will be allowed in the gym. Only registered participants and only those participants who have completed this form will be allowed into the building.
- 4) Only the registered participant should fill out this screening form. Please do not fill this form out on anyone else's behalf.

* Required

1. First Name *

2. Last Name *

Screening Questions:

3. Have you had any of the following symptoms in the past 72 hours? 1) Fever or Chills 2) Cough 3) Shortness of Breath or Difficulty Breathing 4) Fatigue 5) Body Aches 6) Headache 7) New Loss of Taste or Smell 8) Sore Throat 9) Congestion and/or Runny Nose 10) Nausea and/or Vomiting 11) Diarrhea *

Mark only one oval.

No

Yes

4. Are you taking any medication for flu or cold like symptoms? *

Mark only one oval.

No

Yes

5. Have you been in close contact with anyone diagnosed with COVID-19 in the past 14 days? *

Mark only one oval.

No

Yes

6. Does anyone in your household have symptoms? *

Mark only one oval.

No

Yes

7. Have you traveled outside of NY/NJ in the past 14 days or on a cruise ship or riverboat within the past 14 days? *

Mark only one oval.

No

Yes

8. Have you been directed to self-quarantine by a healthcare provider or by your county or State Department of Public Health? *

Mark only one oval.

No

Yes

Accuracy and Completeness of Information

All players must agree to the following to participate:

9. I AFFIRM THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE; AND THAT I HAVE COMPLETED THIS FORM FOR MYSELF *

Mark only one oval.

Agree

Complete Form Submission

Review your form for accuracy and then Click "Submit" to Complete.

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