

COVID-19 Player Screening Questions



Branchburg In Town Soccer is taking measures to ensure your safety, the safety of our players, and our volunteers, and to limit the risk of infection. To help us prevent the spread of Covid-19, we ask you to read this carefully and answer the below questions.

If you can safely answer “NO” to all questions, please proceed to the Check-In Area.

1. Do you currently have a fever?
2. Have you had a fever of 100.4 in the past 14 days without the use of fever reducing medications?
3. Have you had a COVID-19 Diagnosis in the past 14 days, or have you been tested?
4. Have you had signs or symptoms of fever in the past 24 hours?
5. Do you have any of the following symptoms: Fever, Cough, Shortness of Breath, Fatigue, Headache, Loss of Taste or Smell, Congestion, Nausea or Diarrhea?
6. Have you traveled internationally or outside of NJ in the past 14 days? Or Have you traveled to any state on the current quarantine list?
7. Within the last 14 days, have you been exposed to, or come in contact with, anyone who
 - (a) Has COVID-19,
 - (b) is / was tested for COVID-19,
 - (c) has symptoms of COVID-19,
 - (d) was exposed to COVID-19?

If you answered “YES” to any of the above questions, please see a board member to determine when your child can return to play.

**Thank you for helping to
Stop the Spread**