SOUTH RIVER RECREATION DEPARTMENT

Human Resource Building
55 Reid Street, South River, New Jersey
(732) 254-4412

Within the last 10 days have you been diagnosed with COVID-19, had a test confirming you have the virus, or been advised to self-isolate or quarantine by your doctor or a public health official?

Yes _____ No _____

Have you had any one or more of the following symptoms today or within the past 24 hours, which is not new of not explained by another reason?

Yes _____ No _____

- Fever, Chills, cough, shortness of breath, sore throat, fatigue, headache, muscle/body aches, runny nose/congestion, new loss of taste or smell, or nausea, vomiting or diarrhea?

  Yes _____ No _____

In the past 14 days, have you had close contact as defined at:

http://www.state.nj.us/health/cd/documents/topic/NCOV/NCOV_chapter.pdf

wit an individual diagnosed with COVID-19?

Yes _____ No _____

Signature _____