



# LONG ISLAND JUNIOR SOCCER LEAGUE

In compliance with *Reopening New York State* COVID-19 workplace guidelines, all visitors, guests, contractors, et al, are required to respond to, and complete this questionnaire assessment upon entry to the league office.

No entry to the office is permitted without doing so.

A positive ("YES") response to any one of these three questions, will preclude the individual from entry to the league offices.

**1. Have you experienced COVID-19 symptoms in past fourteen (14) days?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**2. Have you had a positive COVID-1 test in past fourteen (14) days?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**3. Have you had close contact with a confirmed or suspected COVID-19 case in past fourteen (14) days?**

YES \_\_\_\_\_ NO \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_