



Planet Gymnastics
Sign In Sheet & Continuity Plan For Staff/ Visitors
Contact Information:

Student Name: _____

Age: _____ Gender: _____

Guardian Name: _____

Time Of Drop Off: _____ Time of Pick Up: _____

Phone Number: _____

1. Upon entering Planet Gymnastics, **any workers or visitors** accessing the facility **MUST** complete a health questionnaire. The purpose of the questionnaire is to verify that they are free (to the best of their knowledge) of COVID-19 symptoms, as well as other related restrictions in accordance with Public Health Ontario recommendations.
2. the following will be implemented upon entering Planet Gymnastics:
 1. Health questionnaire
 2. Signage informing all of the safety/sanitization process
 3. alcohol based hand sanitizers available at screening table and in all common areas

3. Health Questionnaire: (YES/ or NO)

1	Do you have any of the below symptoms:		
	Fever (greater than 38.0C)	YES	NO
	Cough	YES	NO
	Shortness of Breath/ Difficulty Breathing	YES	NO
	Sore Throat	YES	NO
	Runny Nose	YES	NO
2	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19	YES	NO
4	Are you currently being investigated as a suspect case of COVID-19?	YES	NO
5	Have you tested positive for COVID-19 within the last 10 days?	YES	NO

- If the answer is YES to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the site. It should be explained to the worker on the next steps, which include either contacting the local public health or telephoning Telehealth Ontario for further instructions at (866)-797-0000

Signed By:

Name: _____

Date: _____, _____, 2020

Notes: _____

Pick Up Name: _____