

## FIT COVID-19 QUESTIONNAIRE

The safety of our staff, students, partners, families and visitors remain Fencing Institute of Texas' overriding priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally, FIT Board and Staff are continuing to monitor the situation closely and will periodically update our policies and guidance based on current recommendations from the Centers of Disease Control and Prevention, the World Health Organization, the Federal and State Governments, and USA Fencing National Office. Currently, only business critical visitors are permitted within the FIT facility. Updates will be posted on our website at [www.fenceintexas.org](http://www.fenceintexas.org).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff, families and visitors, we are requiring a simple screening questionnaire ***EACH TIME A VISITOR ENTERS OUR FACILITY***. FIT Families may maintain this questionnaire on file at our facility. Your participation is important to help us take precautionary measures to protect you and everyone within our facility. We appreciate your cooperation.

<b>NAME(S) OF PERSON(S) ENTERING BLDG (PRINT)</b>  1) _____  2) _____	<b>PHONE NUMBERS:</b>  Home _____  Mobile _____
<b>VISITOR(S) COMPANY/ORGANIZATION</b> FIT Staff or Student Other (Print name(s)): _____	<b>COMPANY/ORGANIZATION ADDRESS:</b>   <b>Phone No:</b> _____
<b>PURPOSE OF VISIT:</b> Fencing (including class/lesson videography) Coach/Staff Member Student Parent/Legal Guardian/Other adult Business office (billing, bookkeeping, etc.) Repairs/Maintenance (list below the parts of facility accessed) Other (please describe in detail, including parts of facility accessed)	

### SELF-DECLARATION BY VISITOR

1. Have you or anyone close to you been outside of the country within the last 14 days?	Yes	No
2. Have you or anyone close to you been to a high-risk state or city within the last 14 days?	Yes	No
3. Have you had close contact or cared for someone diagnosed with COVID-19 within the last 14 days?	Yes	No
4. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar illness within the last 14 days?	Yes	No

***A yes answer to any of the above will result in the visitor being denied access to the building.***

I understand I may not enter the facility more than 15 minutes prior to my appointment and must leave immediately after.

I understand that I must clean any hard-surfaced equipment or tools I use, before and after using, with disinfectant towels, or soap and water.

I understand that any common areas I use must be wiped with disinfectant or soapy water before I leave (table, chairs, other hard surfaces).

I understand that all water bottles and other personal belonging must be removed by me and taken home.

I agree to sign in/out with date and time for each visit.

**Privacy Statement:** The information contained on this document will be used by FIT Board of Directors and/or Staff only and will not be shared with third parties. FIT staff may make notes on the reverse side of this document.

Signature of Visitor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Visitor: \_\_\_\_\_

Date: \_\_\_\_\_

***This form may be completed and emailed to [info@fenceintexas.org](mailto:info@fenceintexas.org) 24 hours prior to the visit.***