

**WANG MEMORIAL COVID-19 QUESTIONNAIRE
For Athletes and Tournament Staff/Officials**

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.

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 which includes temperature check **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.

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| NAME OF VISITOR (PRINT) | <input type="checkbox"/> ATHLETE <input type="checkbox"/> TOURNAMENT STAFF/OFFICIAL Home Phone _____ Mobile Phone _____ |
| NAME OF ACCOMPANYING "PLUS 1" | <input type="checkbox"/> FAMILY/FRIEND <input type="checkbox"/> COACH Email: _____ Phone No: _____ |
| Have you ever tested positive for the coronavirus? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Approximate date: _____ | |
| Have you received the COVID vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Dates: 1 st : _____ 2 nd : _____ | |

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 (1-4) 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, and record my current body temperature on the sign in sheet.

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 unless required by Health Enforcement Officials. FIT staff may make notes on the reverse side of this document.

Signature of Visitor: _____ Date: _____

***This form must be completed and emailed to info@fenceintexas.org before 20 March.
You may mail it to: FENCING INSTITUTE OF TEXAS, 1000 West Crosby Road, Suite 134
Carrollton, Texas 75006***

-----DO NOT WRITE BELOW THIS LINE-----

- Designated "Plus 1" COVID form received (date) _____ by _____
- Designated "Plus 1" COVID form requested (date) _____ by _____
- Second request for "Plus 1" COVID form (date) _____ by _____