

Mandatory COVID-19 Health Screening

This form is required every day by every person who enters any gym.

- Have you knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?
*the CDC defines close contact as being within about 6' of an infected person while not wearing recommended PPE **YES** **NO**
- Have you tested positive for COVID-19 through a diagnostics test in the past 14 days? **YES** **NO**
- Have you experienced any symptoms of COVID-19 in the past 14 days? **YES** **NO**
- Have you traveled within a state with significant community spread of COVID-19 for longer than 24hrs in the past 14 days? **YES** **NO**

_____ **Print Full Name**

_____ **Time & Date**

_____ **Signature**

If you answer YES to ANY of these questions please DO NOT ENTER THE FACILITY

If you are not a member with valid contact info in our system please provide the following:

Address: _____

Phone: _____ **E-mail:** _____

