

## COVID-19 ACTIVE SCREENING QUESTIONNAIRE

You, your child and our employees health and well-being are of the utmost importance and we are taking measures to keep the facility a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature prior to the beginning of each class.

We are requiring prior to your child attending summer classes with us that the following questionnaire be completed and turned in on their first day of class. Your child will not be able to attend classes until this form is completed.

Child's Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Temp of Child: \_\_\_\_\_

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?

YES  NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?  YES  NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?  YES  NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?  YES  NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?

YES  NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?\* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)  YES  NO

If the individual answers YES to any of the questions they will not be allowed into the facility/office unless determined otherwise by a designated DOC medical professional.      Approved / Declined

This form to be completed one time prior to attending Summer Classes with Wojtek's Gymnastics because this form is only being completed once you will be required to notify Wojtek's Gymnastics:

\* If you, your child or anyone you've been in close contact within the past 14 days is showing Covid-19 symptoms.

\* If any of the above questions change from "No" to "Yes".

I understand that per the NY State Dept of health guidelines my child is required to wear a face covering while near and in Wojtek's Gymnastics. Unless they have a medical or mental condition that prohibits them from wearing such said face covering or unless gymnast is unable to tolerate such a covering during physical activity.

Waiving Face covering

Not waiving face covering.

I understand and agree to the above terms to notify Wojtek's Gymnastics of any health changes.

\_\_\_\_\_

\_\_\_\_\_

Print Parent name

Parent Signature