



COVID-19 Customer Questionnaire

Updated as of 6/16/2020

The safety of our students, employees, customers, and their families remain Bull Run Academy of Gymnastic's (BRAG) priority. As the COVID-19 pandemic evolves, BRAG continues to monitor the situation closely and will periodically update company guidelines based on current recommendations from the Centers for Disease Control and Virginia Department of Health. At this time, we are limiting access to the facility to students and a single guardian for students 5 years of age and younger.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff and customers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in our facility. Thank you for your time.

Guardian's Name:	Phone Number (mobile):
Student's Name:	E-mail Address:
Class or Team:	

Self-Declaration by Customer	
1	Has your family or the student traveled outside the United States within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you or the student had close contact with, or cared for, someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you, the student, or a close contact to your household been directed to quarantine for exposure to COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you or the student experienced any of the COVID-19 symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing, or loss of smell/taste)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, access to the facility will be denied at this time. If any of your answers to the questions listed above change, we ask that you notify BRAG immediately.

Signature (Guardian): _____ Date: _____