



COVID-19 Screening Questionnaire

Have you washed your hands or used alcohol-based hand sanitizer on entry?

Do you attest that you have NOT had any contact with or cared for a person with confirmed or suspected case of COVID-19 within the last 14 days? (excluding healthcare where PPE was used)

Do you attest that you have NOT travelled internationally in the last 14 days?

Do you attest that you are NOT experiencing any of the following symptoms? Fever, Severe Cough, New Shortness of Breath, Nausea, Loss of Taste/Smell

Do you attest that you have NOT tested positive for COVID-19?
If no, have you had a follow up negative test?

Do you attest that you will wear your face mask at all times while on the premises? (Excludes entering water or beginning a class)

Do you attest that you will NOT be in contact with any person inside the building including high fives, hugs, or handshakes?