

F2BF / Legacy Elite SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the coaches, staff, or other gymnasts/parents in the facility. Therefore, prior to each class, we will be asking the following questions to reduce the chances of transmission:

Have you, your child, or others accompanying you to today's class or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease? Yes No

If 'Yes', when? Date: _____

Do you, your child, or others accompanying you to today's class or other recent acquaintances have:

A Fever? (defined as above 99.6 degrees) Yes No

A Cough? Yes No

Shortness of Breath and/or Trouble Breathing? Yes No

Persistent Pain, Pressure, or Tightness in the Chest? Yes No

Have you experienced change in smell or taste? Yes No

Do I have any signs of an unknown caused rash or swelling? Yes No

Have you, your child, or others accompanying you to today's class traveled outside of NC? Yes No

Have you had contact with any out of state visitors? Yes No

I understand that if the answer to any of these questions is 'yes', I will be unable to participate in any activities and refused entrance. A mandatory 14 day quarantine will need to take place before my gymnast returns to the facility. "HOTSPOT" states are an automatic refusal.

Print Gymnast's Name

Date

Parents Signature

Relationship to Gymnast (if applicable)