

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 100.4 degrees) Yes No

Do you, your child, or others accompanying you to today's class or other recent acquaintances have: A Cough, shortness of breath and/or trouble breathing, chills, sore throat, new loss of taste and/or smell, nasal congestion, muscle ache, vomiting, diarrhea, fever or rash. (Any of the listed signs are automatic grounds for a 14 day quarantine.) Yes No

Has there been a positive exposure for anyone in the home from the workplace that has caused a need to quarantine? Yes No

Have you, your child, or others accompanying you to today's class traveled outside of NC? Yes No (If yes a travelers form must be filled out.)

What State? _____

Have you had contact with any out of state visitors? Yes No (If yes a travelers form must be filled out.) What State? _____

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 Gymnasts Name

Date

Parents Signature

Relationship to Gymnast (if applicable)