Date of initial screening: _____

SCREENING FORM

RECREATIONAL CLASSES ATHLETE/PARENT FORM

Mr. Todd's Gymnastics, 12 Olympic Way, Poughkeepsie NY 12603
www.mrtoddsgym.com

Printed Name of Parent/Guardian filling out screening: _____

Name of athlete attending Mr. Todd's Gymnastics: _____

This health screening is for: myself ☐ or my child ☐

1. Have you or your child knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19? Contact is defined as being within 6 feet (2 meters) for more than 15 minutes with a person, or having direct contact with infectious fluids from a person with confirmed COVID-19 (for example being coughed or sneezed on).
   Yes ☐ No ☐
2. Have you or your child been tested for COVID-19 in the past 14 days?
   Yes ☐ No ☐
3. Have you or your child had a positive-COVID test for active virus in the past 14 days?
   Yes ☐ No ☐
4. Have you or your child visited any of the states on the NY Travel Advisory Quarantine List within past 14 days?
   Yes ☐ No ☐
5. Do you or your child have any of these symptoms that you cannot attribute to another condition? If yes, place a check mark in the box next to symptom.
   - Fever or chills ☐
   - Cough ☐
   - Shortness of breath or difficulty breathing ☐
   - Fatigue ☐
   - Muscle or body aches ☐
   - Headache ☐
   - Recent onset of loss of taste or smell ☐
   - Sore throat ☐
   - Congestion ☐
   - Nausea or vomiting ☐
   - Diarrhea ☐

If the answer is yes to any of these questions unfortunately you and your child will not be able to enter the facility at this time. We thank you for your understanding in protecting our families and staff.

By my signature below I verify that all these answers are correct. If at any time through the course of my child's participation in activities at Mr. Todd's Gymnastics, these answers should change, I will notify MTG management IMMEDIATELY. I will do so in writing to marisahart@optonline.net

_____
Signature of Parent/Guardian

_____
Printed name of MTG Staff Member

_____
Signature of MTG Staff Member