

COVID-19 SELF SCREENING QUESTIONNAIRE

Your health and well-being are of the utmost importance and we are taking measures to keep the facility a safe environment for members and guest. Therefore, anyone coming into the facility will be ask to self-screen themselves by answering the following questions.

If the individual answers YES to any of the questions they will not be allowed into the facility.

1. You have any of the following conditions you cannot attribute to another health condition?
 - a. Fever of chills
 - b. Cough
 - c. Shortness of breath
 - d. Body aches
 - e. Sore throat
 - f. Nausea, vomiting, or diarrhea
 - g. New loss of taste or smell

2. Within the last 14-days, have you had a temperature at or above 100°?

3. Within the last 10 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19 or tested positive for COVID-19?