

FSBL Participant Health Screening Questionnaire



Participant Name -- please print

Please answer the questions below truthfully. This is one of the ways in which we can decrease the risk and minimize the spread of covid-19. Your teammates, coaches, parents and the community are depending on you to be honest. If you are currently sick, have had any of the symptoms listed below or have been in contact with someone who has covid-19 please refrain from coming to the gym.

Number	Question	No	Yes - include explanation
1	Have you experienced a fever during the last three (3) days???		
2	Have you experienced any type of muscle aches during the last three (3) days???		
3	Do you have a cough, shortness of breath, or a sore throat???		
4	Are you experiencing gastrointestinal symptoms such as diarrhea, nausea or vomiting???		
5	Do you have a runny nose, stuffy nose or have you experienced loss of smell or taste???		
6	Have you traveled outside the DC, Maryland, Virginia or West Virginia area in the last fourteen (14) days???		
7	Have you come in contact with anyone having a confirmed case of Covid-19 in the last fourteen (14) days???		
8	Have you come in contact with anyone who is suffering from any type of respiratory illness in the last fourteen (14) days???		

Please print name (adult family member name)

Date

Signature