

Virginia Department of Health

COVID-19 Screening Protocol:

Yes or No, are you currently experiencing any of the following symptoms:

- A new fever (100.4 F or higher) or a sense of having a fever ___Yes ___No
- A new cough that you cannot attribute to another health condition ___Yes ___No
- New shortness of breath or difficulty breathing that you cannot attribute to another health condition ___Yes ___No
- New chills that you cannot attribute to another health condition ___Yes ___No
- A new sore throat that you cannot attribute to another health condition ___Yes ___No
- New muscle aches (myalgia) that you cannot attribute to another health condition or that may have been caused by a specific activity (such as physical exercise) ___Yes ___No
- A new loss of taste or smell ___Yes ___No
- Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days ___Yes ___No
- In the past `14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19? ___Yes ___No

Anyone answering YES to any of the screening questions should not be permitted to enter the gym

Note: Healthcare workers using appropriate personal protective equipment during the care of a COVID-19 patient should not be excluded from the gym based on close contact with a COVID-19 patient

COVID-19 Optional Agreement: Infection Control Practices

During your time in the gym, do you agree to:

- Immediately notify a Coach if you develop symptoms of COVID-19 ___Yes ___No
- Practice proper hand hygiene ___Yes ___No
- Maintain appropriate physical distance between yourself and other, as much as possible (at least 10 feet) ___Yes ___No
- Limit physical contact between yourself and others, as much as possible ___Yes ___No
- Wear a face covering when entering, and spending time inside the gym (unless an exception exists per Executive Order #63) ___Yes ___No
- Limit touching surfaces to only what is necessary ___Yes ___No

Name: _____

Date: _____