gymnast self-screening survey

Each participant should self-screen before leaving home for training (2 hours) (confirmed by a parent/guardian for those under 18 years old)		
Potential Indicators of Covid-19:	YES	NO
Do you have a high temperature? (this means you feel hot to touch on your chest or back – you do not need to measure your temperature)		
Do you have a continuous cough?		
Do you have an unusual shortness of breath during exercise or rest?		
Do you have loss of or change in normal sense of taste or smell?		
Are you currently isolating as a result of showing symptoms of Covid-19?		
Have you been in contact with a Covid-19 confirmed or suspected case in the last 10 days?		
Has anyone in your household reported or exhibited any of the symptoms outlined in the above questionnaire?		
Are you currently required to isolate or quarantine following oversees travel?		
Have you been in close contact with or living with a suspected or confirmed case of Covid-19 in the last 10 days?		

Signed _____

Date _____ Time _____