

Rose City Gymnastics COVID-19 Daily Wellness Entrance Checklist

This checklist must be completed every day by anyone entering our facility to help prevent the spread of COVID-19. All competitive athletes/parents will fill out this form online within 2 hours of their class start time in order to enter the facility. If you answer YES to any questions or show signs / symptoms of any illness you WILL NOT be allowed into our facility. Management reserves the right to accept or deny your entrance into our facility – let's work together to keep everyone healthy!

Please answer **all** the following questions – this must be completed every day to enter the facility.

- Do you or anyone in your household have ANY of the following symptoms:
 - Fever (feeling hot to the touch, temp of 38°C / 100.4°F or higher)
 - Cough that's new or worsening (continuous, more than usual)
 - Shortness of breath (out of breath, unable to breathe deeply)
 - Runny Nose (not related to allergies)
 - Stuffy or congested nose (not related to allergies or other conditions)
 - Digestive Issues (nausea/vomiting, diarrhea, stomach pain)
 - Pink Eye (Conjunctivitis)
 - Sore Throat
 - Lost sense of taste or smell
 - Headache
 - Muscle aches
 - Extreme tiredness that is unusual (fatigue, lack of energy)

Yes No
- Do any of the following apply to you or anyone in your household: 65 years or older, condition that affects immune system, chronic health condition, and / or receiving treatment that affects your immune system?
If you have any of these conditions, you should be taking further precautions when entering the facility, example mask at all times, etc.
- In the last 14 days, have you travelled outside of Canada and been told to quarantine?
Yes No
If yes, please specify where: _____
- In the last 5 days have you tested positive, or a household member of a positive case and you are vaccinated and/or under the age of 12?
Yes No
- In the last 10 days did you have a Close Contact (household or non-household member) and you're NOT fully vaccinated and/or under the age of 12 and you have no symptoms
Yes No
- If in the last 10 days you had a Close Contact (non-household member) and you are fully vaccinated and/or under the age of 12 and you have no symptoms

Self-monitor for symptoms for 10 days from your last exposure with the positive individual. You must self-isolate if you develop symptoms

- Temperature - _____ / _____ Taken at home or possibly at the facility (if your temperature is 38°C or 100.4°F or higher check yes in #1 above, you will not be able to enter the facility)

Name: (print) _____

Signature: _____

Guardian: (if under 18) _____

Signature: _____

Date: (MM/DD/YYYY) _____

If you answer yes to any of the questions or have a fever DO NOT come to Rose City Gymnastics Club.

ACCESS TO FACILITY: APPROVED DENIED

Approved/Denied By: _____