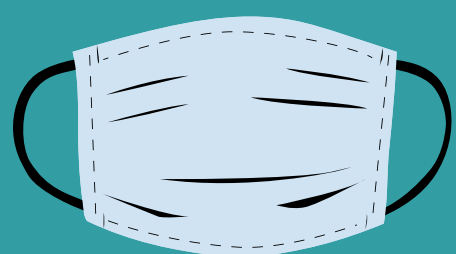


# PARTICIPANT COVID-19 SCREENING QUESTIONNAIRE



**If you answer "YES" to any of the following you should not visit the fitness center, attend a group fitness class, or personal training session.**

- 1. Have you felt or currently feel feverish?**
- 2. Do you have a cough?**
- 3. Do you have a sore throat?**
- 4. Do you have muscle aches?**
- 5. Have you been experiencing any difficulty breathing or shortness of breath?**
- 6. Have you had a new or unusual headache, (not related to caffeine, diet, hunger, or related to a history of migraines, clusters, or tension, not typical with you)?**
- 7. Have you noticed a new loss of taste or smell?**
- 8. Have you been experiencing chills or rigors?**
- 9. Do you have any new gastrointestinal concerns (abdominal pain, vomiting, diarrhea, not typical with your history)?**
- 10. Is anyone in your household displaying symptoms of COVID-19?**
- 11. To the best of your knowledge, have you or anyone in your household come into contact with anyone who has tested positive for COVID-19?**



**Wear a mask  
at all times**



**Maintain at least 6 ft distance  
at all times from instructor  
and others**



**Bring your own  
towel, mat, and  
water**