**JUMP4YOU FITNESS**

**COVID-19 ACTIVE SCREENING QUESTIONNAIRE**

Your health and well-being are of the upmost importance and we are taking measures to keep the facility a safe environment for everyone.

Therefore, anyone coming into the facility will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Are you experiencing a new cough that you cannot attribute to another health condition?

 ☐ YES ☐ NO

1. Are you experiencing new shortness of breath that you cannot attribute to another health condition?

☐ YES ☐ NO

1. Are you experiencing a new sore throat that you cannot attribute to another health condition?

☐ YES ☐ NO

1. Are you experiencing new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

☐ YES ☐ NO

1. Do you have a temperature at or above 37.8°?

☐ YES ☐ NO

1. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?

\* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)

☐ YES ☐ NO

1. A recent a loss of, or change in, your normal sense of taste or smell (anosmia)

If you have answered YES to any of the questions, please do not come to the class unless determined otherwise.

Many Thanks

Jump4you Team

Serena, Gabi and Betty