# Covid-19 Client Screening

Did you wash your hands with soap and water, and/or use appropriate hand sanitizer upon entering the building?

-Y / N

What is your temperature upon entering the building today?

Have you or anyone in your household had the following symptoms over the last 24 hrs?

-Fever over 100.4 Y / N

-Shortness of breath Y / N

-Coughing Y / N

Have you or anyone in your family worked in close proximity with or on someone with confirmed Covid-19 in the last 14 days?

-Y / N

Do you understand how to use the “6-ft Social Distancing Rule” during this session in order to prevent possible spread?

-Y / N

By signing this form, I agree to adhere to all the Covid-19 CDC guidelines that [GYM NAME] has put in place and I do not hold [GYM NAME] responsible for any sickness or illness, including but not limited to Covid-19.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_