

Bright Raven Gymnastics - Competition COVID-19 Screening Questionnaire

The safety of our spectators, athletes, coaches, and judges is our utmost priority. In order to prevent the spread of coronavirus and reduce the potential risk of exposure in our facility, we are asking you to complete and submit this questionnaire within 24 hours prior to entering. Please respond to the following questions truthfully and to the best of your ability. This helps us protect you and everyone in our facility. All information will be kept strictly confidential.

Contact Tracing Information

Parents Name(s) _____ Gymnast Name _____

Parent DOB(s) _____ Gymnast DOB _____

Address _____

Phone Number _____

Are you or your gymnast currently experiencing, or have you or your gymnast recently experienced any of the following symptoms?

Fever (100.4° F or greater)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shortness of breath or difficulty breathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sore throat and runny nose (unrelated to allergies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of taste or smell	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chills	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Head or muscle/body aches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nausea, loss of appetite, diarrhea, vomiting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fatigue (extreme tiredness)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the past 14 days, have you or your gymnast been in close contact to anyone who was experiencing any of the above symptoms, is in quarantine or isolation for suspected coronavirus infection, or has tested positive for COVID-19?

Yes No

In the past 14 days, have you or your gymnast traveled outside of New York State?

Yes No

If Yes above, have you or your gymnast completed any mandatory New York State travel quarantine?

Yes No

Our Bright Raven Staff will be taking all reasonable precautions to ensure a safe competition for all spectators, athletes, coaches, and judges. Yet, there will inevitably be an increase in the likelihood of exposure to airborne and surface borne pathogens as we bring more people into the gym. Thus, each participant will need to make an informed decision on their participation in this competition. I have read and understand this statement.

Parent Signature _____ **Date** _____

Thanks for doing your part to keep us Bright Raven Strong!

Bright Raven Staff Only: