

FIT - TO - TRAIN SCREENING QUESTIONNAIRE

SPIRIT TAEKWONDO

Participant Name: _____

1. Does this person have any of the symptoms below that was not a pre-existing condition?

Fever	YES	NO	Cough	YES	NO
Shortness of Breath	YES	NO	Sore Throat	YES	NO
Painful Swallowing	YES	NO	Running Nose	YES	NO
Feeling Unwell	YES	NO	Nausea	YES	NO
Loss of Appetite	YES	NO	Loss of Taste or Smell	YES	NO
Muscle Joint Aches	YES	NO	Headache	YES	NO
Conjunctivitis (Pink Eye)	YES	NO			

2. Has this person, or anyone in their household, returned from travel outside of Canada in the last 14 days?

YES NO

3. Has this person had close with someone who is ill with cough and / or fever?

YES NO

4. Have you or anyone in your household been in close contact in the last 14 days with someone who is being investigated or confirmed case of COVID-19?

YES NO

5. Are you currently being tested and have not received your results for COVID-19?

YES NO

- If you answered NO to all of these questions, or your pre-existing conditions have not worsened in the past 14 days), you may train at our facility.
- By signing below, you agree to follow all the standard practices of personal hygiene posted at our facility & to be extra vigilant with disinfecting any gear or equipment that you come in contact during your visit.
- By signing below, you understand that you are using our facility at your own risk & waive any liability of Spirit Taekwondo or Thai Le or any facility staff or patrons should you become ill in the future as a direct or indirect result of training at our facility.

SIGNATURE OF PARENT OF GUARDIAN _____

DATE _____