

Meadowlands Gymnastics Academy Health Questionnaire

1. Do you, or your children have any flu like symptoms? Fever, chills, cough, shortness of breath, body aches? **Yes /No**
2. Do you, or your children have a significant chronic illness? **Yes/No**
3. Do you, or your children have a compromised immune system? **Yes/No**
4. Have you, or your family traveled to a location with a level 3 travel health notice in the past month? **Yes/No**
5. Have you, or your family traveled in an airplane the past two weeks? **Yes/No**
6. Have you, or anyone in your family been previously asked to self isolate or self-quarantine? **Yes/No**
7. Have you, or your children had close contact to an individual diagnosed with the COVID-19 infection? **Yes/No**
8. Have you, or your children been recently tested for COVID-19? **Yes or No**
 - 8a. If yes, have you received results that you tested positive for COVID-19? **Yes/No**
9. Any other medical history changes? Please clarify in the space below:

Consent Form For Meadowlands Gymnastics Academy

I, _____ hereby on this date of ____/____/2020 allow my child/ children to continue training/classes at Meadowlands Gymnastics Academy. I hereby enter into this waiver for myself, my heirs, executors, assigns, and personal representatives. I do so knowingly and voluntarily. I fully confirm that I have not tested positive for COVID-19 nor do I have any symptoms currently related to COVID-19. I am also truthfully stating that I have not traveled outside the United States in the last 4 weeks, nor have had any contact with anyone who may have any symptoms concurrent with COVID-19, including but not limited to fever, cough, nausea, diarrhea, vomiting, shortness of breath, etc.

Student Name: _____

Parent/Guardian _____

Signature: _____

