COVID-19 Screening Questionnaire for Rhythmic Challenge 2021

1. Have you recently started experiencing any of the following symptoms?
   - □ Fever or chills
   - □ Difficulty breathing
   - □ New or worsening cough
   - □ Sustained loss of taste or smell
   - □ Nausea, vomiting, and or diarrhea
   - □ Body/muscle aches
   - □ None of the above

2. In the last 10 days, have you traveled internationally?
   - □ Yes
   - □ No

3. In the last 14 days has anyone in your household tested positive for COVID-19
   - □ Yes
   - □ No

4. In the last 14 days have you had any close contact (within 6 feet for at least 15 minutes total within any 24 hour period) with anyone who has tested positive for COVID-19?
   - □ Yes
   - □ No

5. Are you currently waiting on the results of a test for COVID-19?
   - □ Yes
   - □ No

***These questions will be asked at the entrance to the venue each day for all gymnasts, parents, coaches, staff, and judges. In addition to answering questions, a forehead touchless thermometer will be used to check temperature.***