

## COVID-19 Return Form Questionnaire

This form is being used to help prevent the spread of COVID-19 at our facility. Every family must complete this form for their gymnast before returning to Metzlers Gymnastics Center. Please scan and email the signed form to me at [mandi@metzlersgymnastics.com](mailto:mandi@metzlersgymnastics.com) or you may send it in with your gymnast on the first day back. Once we review the form, depending on the answers, staff may contact you and ask you not to come in for any activities and a future date for return will be discussed. This form MUST be completed in its entirety.

Gymnast Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Questionnaire (Check Yes or No)

1: Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, shortness of breath or flu like symptoms currently or in the past 14 days?  YES  NO

2: Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?  YES  NO

3: Have you taken an antibody test that came back with POSITIVE results?  YES  NO

4: Are you a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (Ex: Less than 6 feet for more than 15 minutes in 1 day)?  YES  NO

5: Have you visited another country within the last 14 days?  YES  NO

6: Have you been advised by a doctor to self-isolate at this time?  YES  NO

7: Please provide details below of any other circumstances relating to COVID-19, not included above, which may need to be considered to allow for a safe return to our facility.

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**\*\* IF YOUR SITUATION CHANGES AFTER YOU COMPLETE AND SUBMIT THIS FORM, PLEASE LET MANDI METZLER KNOW IMMEDIATELY. \*\***

Parent/Guardian Name: \_\_\_\_\_

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