

LEGACY FITNESS SCREENING SURVEY

Covid-19 Florida Department of Health – Suggested Screening Questionnaire

In recognition of the current COVID-19 pandemic, we at HLegacy Fitness are following the precautions advised by the CDC and taking the necessary measures to ensure the safety of our members.

As part of the CDC protocol, we ask that you complete the below questionnaire, so that we may further protect our members and the spread of COVID-19.

(please be advised if the protocols set forth at the facility are not followed and if the questionnaire is not completed and returned, the member will not be permitted at the gym).

NAME _____

HAS ANYONE IN THE IMMEDIATE HOUSEHOLD RETURNED FROM ANY INTERNATIONAL TRAVELS OR BEEN ON A CRUISE WITHIN THE LAST 30 DAYS? *

YES _____ NO _____

HAS ANYONE IN THE IMMEDIATE HOUSEHOLD REPORTED SIGNS OR SYMPTOMS OF A RESPIRATORY INFECTION SUCH AS: FEVER/COUGH/SHORTNESS OF BREATH? *

YES _____ NO _____

DOES ANYONE IN THE IMMEDIATE HOUSEHOLD SUFFER FROM ANY PRE-EXISTING RESPIRATORY ILLNESS OR UNDERLYING MEDICAL CONDITIONS SUCH AS CARDIOVASCULAR DISEASE, DIABETES, CHRONIC RESPIRATORY DISEASE, AND CANCER? *

YES _____ NO _____

HAS ANYONE IN THE IMMEDIATE HOUSEHOLD HAD CONTACT WITH SOMEONE WHO HAS OR IS UNDER INVESTIGATION FOR COVID-19? *

YES _____ NO _____

HAS ANYONE IN THE IMMEDIATE HOUSEHOLD OR BEEN IN CONTACT WITH ANYONE WHO HAS TESTED POSITIVE FOR COVID-19?*

YES _____ NO _____

SIGNED _____

By submitting this survey I am signing and acknowledging that the forgoing responses are accurate and truthful.

***any misrepresentation of the truth will be subject to legal consequences**