

COVID-19 Health Screening Questionnaire

This form is required by the State of New York in order to enter and use a health club. Because this is required by state government, and not Elevate Fitness, we are not at liberty to exclude or excuse anyone from completing this form. FAILURE TO COMPLETE THIS FORM WILL MEAN WE CANNOT LEGALLY ALLOW YOU TO ENTER OR USE THE CLUB AT THIS TIME.

Name:

Phone:

Email:

By signing below, I affirm that I,

- I have not been knowingly in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19,
- I have not tested positive for COVID-19 through a diagnostic test in the past 14 days?
- I have not experienced any symptoms of COVID-19 in the past 14 days?
- I have not traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days?

SIGNATURE: _____

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