

Gymnastics Energy Screening

By Signing In on the next sheet, you agree to have read the following and answered **No** to all of the following:

1. Have you or anyone in your household traveled outside of Ontario in the last 14 days and/or been in direct contact with someone who has traveled in the last 14 days?
2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?
3. Do you have a new onset of any of the following:
 - Fever/ Chills
 - Cough
 - Difficulty Breathing
 - Shortness of Breath
 - Sore Throat
 - Runny or Congested Nose (Not allergies)
 - Unusual levels of Fatigue
 - Unusual Headache
 - Nausea/ Vomiting, diarrhea, or loss of appetite
 - Feeling unwell for an unknown reason
 - Loss of Smell

If you answered yes to any of the questions you are to leave the facility immediately and call Public Health at 905-688-8248.