



## REFLEX The Pearland Gymnastics Academy COVID-19 Questionnaire

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

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Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

**Answer the questions below for each person entering the building:**

Yes

No

	Yes	No
Have a Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;		
Had contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19, or someone who is ill with a respiratory illness;		
Has your student or any member of your household had a fever in the last 48 hours?		

**I attest that this form was completed to the best of my knowledge. I understand that deliberately falsifying any information on this form could result in dismissal of my child.**

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