

# HEALTH SELF-ASSESSMENT

Student, Parent or Guest

Please assess your wellness before entering the facility. Have you or anyone in your home experienced the following symptoms in the last 24 hours?

Symptoms in the last 25 hours?	No	Yes
Fever above 100.4° (38°C)	0	+10
Cough	0	+10
Shortness of breath or difficulty breathing	0	+10
Sore Throat	0	+10
Loss of taste or smell	0	+10
Persistent pain or pressure in the chest	0	+10
Bluish lips or face	0	+10
Chills	0	+6
Muscle Pain	0	+6
Extreme exhaustion	0	+6
Headache	0	+4
Tiredness or weakness	0	+4
Runny Nose	0	+4
Sneezing	0	+4
Travel from a highly impacted area in the last 48 hours?	0	+4
Total Score	_____	

Did you score 10 or more?

If yes, please care for yourself and **remain at home**. Do not come to the gym.

Contact your medical provided and then contact the front desk.

