



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RAISING OUR GUARD FOR YOUR HEALTH

HEALTH SCREENING QUESTIONS

- 1** Have you been in close contact with a confirmed or presumed confirmed case of COVID-19 in the past 14 days?
- 2** Are you experiencing a new cough, shortness of breath or sore throat that cannot be attributed to another health condition?
- 3** Have you had a fever or sense of having a fever in the last 48 hours
- 4** Have you had new loss of taste or smell that cannot be attributed to another health condition?
- 5** Have you had new headaches, chills, muscle aches, nausea, vomiting or diarrhea in the last 24 hours that cannot be contributed to another health condition or specific activity?
- 6** In the past 7 days, have you traveled outside of the state of Maryland, Virginia, the District of Columbia, Delaware or Pennsylvania?
- 7** Have you been absent from the Y for the past 90 days or longer? If so, please speak with the Executive Director before visiting the YMCA.