

COVID-19 Health Screening

In the past 24 hours, have you experienced?

Fever of 100.4° F or higher, or a subjective fever (felt feverish)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cough (excluding chronic cough due to a known medical reason other than COVID-19)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diarrhea (excluding diarrhea due to a known medical reason other than COVID-19)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In the past 14 days, have you traveled internationally?

YES NO

If you answer "yes," please do not visit Liberty Athletic Club. You must self-quarantine at home for 14 days following international travel.

In the past 14 days, have you had close contact with someone diagnosed with COVID-19?

YES NO

If you answer "yes," please do not visit Liberty Athletic Club. You must self-quarantine at home for 14 days following close contact with the COVID-19 positive person.

*These symptoms can be accompanied by chills, shivering, muscle aches, headaches, or new smell or taste disorders. Or, in some cases, these additional symptoms can be the only symptoms that are present. Remember that not all individuals infected with COVID-19 develop a fever, so it is important to still screen for other symptoms. Any symptom that is unusual for the person is reason for concern.