

## **COVID-19: Class Screening Questions and Guidelines**

This guideline is intended for screening of athletes, members, and employees prior to every class you are attending. It is not intended for people confirmed or suspected COVID-19, including persons under investigation. Individuals with confirmed or suspected COVID-19 should follow the state guidance here.

Parents prior to attending class please ask your child it the	y have any of the following:
□ Fever or chills	
Aerial Express staff and stay home until they are fr	oms of acute respiratory illness are recommended to notify ree of fever (100.4° F [38.0° C] or greater using an oral r symptoms for at least 72 hours, without the use of fever-
□ Cough	
☐ Shortness of breath or difficulty breathing	
□ Fatigue	
☐ Muscle or body aches	
□ Headache	
□ New loss of taste or smell	
□ Sore throat	
□ Congestion or runny nose	
□ Nausea or vomiting	
□ Diarrhea	
If your child has seasonal allergies please bring a doctor's r	note.
If your child(ren) has one or more symptom(s) that may be	e related to COVID-19, they must stay home. If you have been
at class and test positive for COVID-19, please inform us as	s soon as possible so we may take the necessary steps to clean
our facility and implement our safety protocols.	
By signing this form you consent that you will screen your	child(ren) before each class and confirm they are symptom
free. Additionally, they have not been around anyone that	t has tested positive for COVID-19.
	Date:
Signature of Parent/Guardian	Date.
Signature of Fareing Guardian	
Printed Name of Parent/Guardian	Name of Participating Athlete(s)