

PIERCE HALL COMMUNITY FITNESS CENTER
Mandatory Entry Health Survey

DO NOT ENTER IF YOU ARE FEELING ILL OR HAVE A FEVER TODAY

To prevent the spread and potential exposure of the COVID to others while using the Pierce Hall Community Fitness Center (FC), and for the state’s contact tracing, please complete this Health Survey.

Date _____ Name _____ Contact Phone # _____

If a non-Vermont resident or you have traveled out-of-state to an area with more than 400 COVID cases per million, have you completed the prescribed quarantine and/or had a negative COVID test?

___ YES ___ NO

If NO - STOP - DO NOT ENTER THE FACILITY

Your temperature today _____ (use provided laser thermometer)

If 100.4° F or more today or within the past 24 hours - STOP - DO NOT ENTER THE FACILITY

In the past 48 hours, have you or are you experiencing any of the following symptoms?

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- In the past 14 days have you been in contact with anyone who has COVID or who has symptoms?
- Are you currently waiting on the results of a COVID-19 test?
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

___ YES ___ NO

If YES – STOP – DO NOT ENTER THE FACILITY

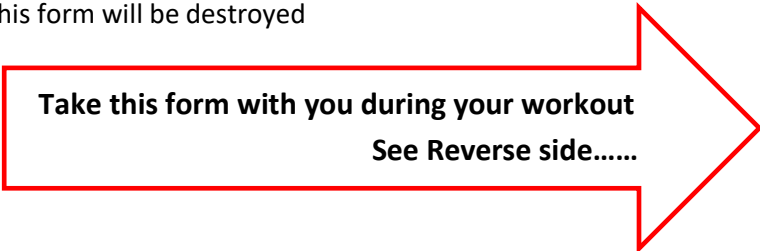
Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature _____ Date _____

Thank you!!

After 30 days this form will be destroyed



PIERCE HALL COMMUNITY FITNESS CENTER
MANDATORY CLEANING CHECKLIST

(Please leave this completed form in the envelope located upstairs by the exit doorway)

Today's Date _____

To help eliminate any trace of the COVID virus:

(Check the boxes below)

Upon entry:

- I completed the Health Survey form
- I washed or sanitized my hands for 20 seconds

Before using the Gym Equipment:

- I wiped down the "touch points" of the gym equipment I will use

Before I exited the FC:

- I wiped down the gym equipment areas I touched, sweat upon, and breathed upon
- I wiped up any sweat droplets that fell on the floor
- I washed or sanitized my hands for 20 seconds
- I wiped down all surfaces touched in the restroom
- I wiped down all surfaces (doors, door handles, railings, walls, etc that I touched while in the FC and its entryway

I testify that I have completed the above checklist per state and CDC requirements

Signed _____

Comments _____

Please leave this completed form in the blue box located at the exit entryway

THANK YOU FOR HELPING TO KEEP OUR COMMUNITY FITNESS USERS SAFE!!!