**PRE-SWIMMING QUESTIONNAIRE**

Within the last 14 days

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| 1 | Have you experienced a) a new cough b) new shortness of breathc) a new sore throat, loss of taste or smellthat you cannot contribute to another health condition? |
| 2 | Have you had a temperature at or above 37.8oC or the sense of having a fever? |
| 3 | Have you had close contact with someone who is or was sick with suspected or confirmed COVID-19? |
| 4 | Have you or a household member been isolating? |

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| **Name** | **Signature if answer No to all the above** |
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