



Daily Screening Questionnaire

Date: _____

Please answer the following questions:

1. Have you experienced any the following symptoms: Cough, sore throat, headache, fever, runny nose, loss of sense of smell or taste, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches, shortness of breath or difficulty breathing? **Y / N**
2. In the last 14 days, have you or anyone in your household tested positive for COVID-19 or been advised by a health professional to self-isolate and monitor for symptoms? **Y / N**
3. In the last 14 days, have you or anyone in your household been in close contact with someone who has tested positive for COVID-19? **Y / N**
4. Are you currently experiencing mild cold, flu or COVID-19-like symptoms? **Y / N**
5. Are you currently awaiting the results of a COVID-19 test for yourself? **Y / N**
6. Have you or anyone in your household travelled outside of Canada in the past 14 days? **Y / N**

If the answer is "YES" to any of the following, we unfortunately cannot permit you to enter Mission Fitness. We ask that you stay home and self-quarantine for two weeks or consult your local health authority and/or family doctor for guidance.

I acknowledge that I am responsible for the following news rule and regulations that are being enforced by Mission Fitness amidst the pandemic of COVID-19 and failure to comply with anything stated below will result in being removed from the facility and potentially having membership revoked:

- Maintaining a safe distance between other members (approximately 2 meters)
- Being responsible for cleaning the equipment before and after using it
- Cleaning hands before and after entering the facility
- Not moving equipment from its designated space that Mission Fitness has given it
- Not utilizing equipment directly adjacent to other members when appropriate
- Wearing my mask in all common areas of the Capital News Centre

I am aware that health and fitness activities may range from vigorous cardiovascular activity (e.g. aerobics, bicycles, treadmills, stair climbing or bench jumping) to the strenuous exertions of strength training (e.g. free weights, SPRI Tubes). I understand that participating in these and other physical activities with Mission Fitness involve certain inherent risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks and injury to bones, joints or muscles. I acknowledge that attending the facility imposes risk to myself with regards to viral or bacterial infection that could result in disease and/or death. My participation is voluntary, and I fully acknowledge the inherent participatory dangers. I hereby agree to assume all risks of property damage, personal injury or death. In consideration of my training with Mission Fitness, I hereby waive and release Mission Fitness, its owners, employees and agents from all present and future claims resulting from ordinary negligence on the part of Mission Fitness for personal injury, illness or death. This includes all claims arising as a result of using the facility/home and equipment, engaging in activities with or any activities incidental thereto. On behalf of myself, my family, estate, heirs or assigns, I hereby voluntarily waive and all claims resulting from ordinary negligence.

Member Name: _____ Member Signature: _____