

AUSTIN FENCERS CLUB COVID-19 QUESTIONNAIRE

The safety of our staff, students, partners, families and visitors are AFC's top priority. As the coronavirus disease (COVID-19) outbreak continues to evolve and spread globally, the AFC board and coaches continue to monitor the situation closely and will periodically update our policies and guidance based on current recommendations from the Centers of Disease Control and Prevention, the World Health Organization, the Federal and State Governments, the City of Austin, and USA Fencing. Updates will be posted on our website at www.AustinFencersClub.com

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff, families and visitors, we are requiring a simple screening questionnaire ***BEFORE YOU MAY ENTER THE AFC GYM***. Your participation is important to help us take precautionary measures to protect you and everyone within our facility. We appreciate your cooperation.

NAME(S) OF PERSON(S) ENTERING BLDG (PRINT)	PHONE NUMBERS
1) _____ <input type="checkbox"/> Coach <input type="checkbox"/> Student <input type="checkbox"/> Parent/Legal Guardian	Home _____ Mobile _____
2) _____ <input type="checkbox"/> Coach <input type="checkbox"/> Student <input type="checkbox"/> Parent/Legal Guardian	

SELF-DECLARATION BY VISITOR

1. Have you or anyone close to you been outside of the country within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or anyone close to you been to a high-risk state or city outside the Austin area within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or anyone close to you had a fever, experienced any cold or flu-like symptoms (to include cough, fever, sore throat, respiratory illness, difficulty breathing), or been diagnosed with similar illness within the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A yes answer to any of the above questions will result in the visitor being denied access to the building.	
<input type="checkbox"/> I understand I may not enter the facility more than 10 minutes before my appointment and must leave immediately after.	
<input type="checkbox"/> I understand that I must clean any hard-surfaced equipment or tools I use, before and after using, with disinfectant towels, or soap and water.	
<input type="checkbox"/> I understand that any common areas I use must be wiped with disinfectant or soapy water before I leave (table, chairs, other hard surfaces).	
<input type="checkbox"/> I understand that all water bottles and other personal belongings must be removed by me and taken home.	
<input type="checkbox"/> I agree to inform AFC I develop any symptoms related to COVID-19 within the next 10 to 14 days, such cold or flu-like symptoms like cough, fever, sore throat, respiratory illness, or difficulty breathing.	

Privacy Statement: The information contained on this document will be used by AFC Board of Directors and/or Staff only and will not be shared with third parties. AFC staff may make notes on the reverse side of this document.

Signature of Visitor: _____

Date: _____

Signature of Visitor: _____

Date: _____

This form may be completed and emailed to afc.secretary@gmail.com 24 hours prior to the visit.