

Gymnastics Meet Health Declaration Form

Participant Name

Age

Parent / Guardian Name (if under 18)

Contact Email

Contact Phone

1. Health in the last 14 days

Have you experienced any of the following in the last 14 days?

☐

Fever

☐

Cough

☐

Shortness of breath

☐

None

2. Recent Travel

Have you traveled outside your state or country in the last 14 days?

3. Exposure

Have you been in contact with anyone diagnosed with a communicable illness in the last 14 days?

4. Other Relevant Health Information

Please provide any other information regarding your current health status:

Declaration & Signature

Signature

Date