MAGA Daily Health Screening Form

1. Gymnast's first and last name:

2. Have you had close contact with, or cared for, someone diagnosed with COVID-19 within the last 14 days?

   - Yes
   - No

3. Have you experienced any cold or flu-like symptoms in the last 14 days including fever, cough, sore throat, respiratory illness or difficulty breathing?

   - Yes
   - No

4. What is your body temperature today?

Today's date: _____