

BWAC Health Screening Questions

Name: _____

Date: _____

If you answer “Yes” To any question you may not access Berkshire West Athletic Club

Do you currently or within the last two weeks have had:

Question	Circle Yes/No	
Temperature above 100.4 Degrees F	Yes	No
Atypical shortness of breath?	Yes	No
Unusual fatigue?	Yes	No
Atypical dry cough?	Yes	No
Atypical runny/stuffy nose?	Yes	No
Atypical sore or irritated throat?	Yes	No
Vomiting/Diarrhea, nausea, abdominal pain?	Yes	No
Atypical headache or muscle aches?	Yes	No
Loss of smell or taste?	Yes	No
Have you or anyone in your household had contact with a known or suspected case of COVID-19 or an undiagnosed respiratory illness?	Yes	No