



WELCOME TO THE WAYNESBORO AREA YMCA

SELF-HEALTH ASSESSMENT



Do you:



Have/had a fever in the past 24 hours; temperature over 100.4? YES/NO



Have a cough or shortness of breath that is new or worse than your baseline? YES/NO



Have been in close contact or cared for a person with a lab confirmed case of COVID-19 in the past 14 days? YES/NO



Have experienced a loss of taste/smell? YES/NO



Have experienced cold/flu like symptoms (sore throat, chills, muscle pain, etc.)? YES/NO



You must verbally answer "NO" to enter the Waynesboro Area YMCA.

