

Skyline Agility Class Covid-19 Questionnaire

Please sign below to verify and bring to first class:

1. That you have not had Covid-19 Symptoms in the past 14 days
2. That you have not had a positive Covid-19 test in the past 14 days
3. That you have not been in close contact with a confirmed or suspected Covid-19 case in the past 14 days.

Name _____

Signature _____

Date _____