



# COVID-19 Screening

For your health and protection, please answer the questions below and sign for yourself or your underage child. This form needs to be completed and submitted to the studio before entering the first time. This form will not be collected after the initial return to the studio, but a parent/Guardian must guarantee answers to questions 1 and 2 "no" and question 3 "yes" before each entry to the studio. Students will have a temperature check and will be asked these questions before entering the studio each day.

1. To the best of your knowledge, have you been near others who have been exposed to or are currently diagnosed with COVID-19? Yes  No
2. Do you currently have a fever, cough, congestion, sore throat, or shortness of breath/trouble breathing? Yes  No
3. Are you willing to meet the recommendations of staying a minimum of six feet from others in order to provide social distancing? Yes  No

Printed Name of Student \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Phone number to contact parent/guardian while dancer is at the studio: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_