COVID-19 HEALTH QUESTIONNAIRE & WAIVER – PERSONAL SERVICES

Business:\_\_The Performing Arts Center of Temple Terrace / Temple Terrace Ballet LLC

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following symptoms?

Fever Dry Cough

Body Aches/Headaches

Sore Throat/Runny Nose

Tiredness/Shortness of Breath

None of the Above

Have you been in contact with anyone who has a confirmed cased of COVID-19 in the past 14 days? YES or NO

If you’re a healthcare provider and the answer is YES, was this exposure without proper personal protective equipment (PPE)?

YES or NO or NOT APPLICABLE

Have you been out of the country in the past 14 days?

YES or NO

RELEASE OF LIABILITY WAIVER

State of Florida

I hereby agree that The Performing Arts Center of Temple Terrace / Temple Terrace Ballet LLC has a proper sanitation and disinfection plan in place and is not responsible for any accidental transmission of COVID-19 that could occur by being in their business or within close proximity of each other.

I also agree that if I become symptomatic within 14 days of my visit, I will notify the business immediately.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_