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**COVID-19 SCREENING CHECKLIST FOR DANCERS**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_ TIME \_\_\_\_\_\_\_\_\_\_**

**PURPOSE: Based on the US Center for Disease Control guidelines, service providers are encouraged to screen all clients for signs of respiratory illness accompanied by fever on a daily basis.**

**INSTRUCTIONS: All dancers entering Laurene Aldorisio’s Academy of Dance Expressions must be asked the following questions below:**

By checking this box, I pledge to provide only correct and truthful information when completing the screening.

1. Do you have any of the following respiratory symptoms?

 a. New or worsening cough \_\_\_\_\_ Yes \_\_\_\_\_ No

 b. New or worsening shortness of breath \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Have you had a fever of 100.40F or greater within the last 14 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are you feeling feverish? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Are you having chills? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Have you been in a facility or home with confirmed COVID-19 (by lab test)

 within 14 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Have you been with persons with confirmed COVID-19 (by lab test)

 within the last 14 days? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered “NO” to all questions, you will be allowed entry into the studio.

By signing the form below, I am acknowledging the potential risk to contract the COVID-19 disease during classes that I voluntarily agreed to attend. I further agree and, hereby release, Laurene Aldorisio’s Academy of Dance Expressions and its employees from any and all liability associated with my potential risk to contract COVID-19.

**DANCER’S FULL NAME (PLEASE PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DANCER/PARENT SIGNATURE (IF UNDER 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_**

**LAURENE ALDORISIO**