



The Woodstock School of  
**Dance and Yoga**

### Dance Class Screening Sheet

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that neither my child **nor anyone in my household** is exhibiting ANY of the following symptoms – **fever, cough, cold, runny nose, headache, stomach problems, sore throat, excessive fatigue, shortness of breath, nasal congestion, muscle aches, general feeling of being unwell**. No one in the family has travelled outside of the country or has been asked to isolate in the past 14 days. No one in the family has been identified as a close contact. I am aware that falsifying this form is a serious matter and may result in fines in line with Southwestern Public Health.

Parent Signature \_\_\_\_\_



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