

Corona Dance Academy Supplemental Health Questionnaire

Dancer Name: _____

If you have been exposed to a communicable disease, you may spread the disease to the staff and instructors at Corona Dance Academy or others that may enter the facilities. Therefore, prior to your private lesson or class, we are asking that you fill out the following questionnaire to reduce the chances of transmission.

Have you, your child, or others accompanying you today or other recent acquaintances tested positive for or been diagnosed as having COVID-19 or any other communicable disease? Yes _____ No _____ If yes, when? Date _____

Do you, your child, others accompanying you today or other recent acquaintances have:

- A Fever (defined as above 99.6 °) Yes _____ No _____
- A Cough Yes _____ No _____
- Shortness of Breath and/or Trouble Breathing Yes _____ No _____
- Persistent Pain, Pressure or Tightness in the Chest Yes _____ No _____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's private lesson/class attendance.

Parent Name (print)

Parent Signature

Date

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