

INDIANAPOLIS SYMPHONIC BAND COVID-19 SCREENING QUESTIONS

Please take a few moments to assess your health prior to entering any ISB rehearsal location. This health assessment is a critical part of our collective efforts to reduce the spread of COVID-19. Thank you for making it a part of your routine.

Are any of the following statements true? YES NO

- You have tested positive or are presumed positive for COVID-19;
- You have had close contact with a confirmed or presumed positive COVID-19 case, or anyone with the symptoms below that are not related to another condition;
- You are returning from travel outside your home country of residence;
- You have any of the following symptoms that are not related to another condition;



FEVER greater than
38°C or 100.4 °F



SHORTNESS OF BREATH
or difficulty breathing



SORE THROAT



LOSS OF TASTE OR SMELL



COUGH



MUSCLE PAIN OR FATIGUE

Other important symptoms to monitor include congestion or runny nose, nausea or vomiting, diarrhea and pneumonia in both lungs.

If your answer is “YES”, you will not be allowed to enter the ISB rehearsal/performance/event. If you believe that you have symptoms of COVID-19, it is important to seek medical attention. If you test positive or are presumed positive for COVID-19, please remain absent from ISB rehearsals/performances/events for the 14-day quarantine period.

ISB Member: _____ (Print) _____ (Signature)

Date: _____