**Dancebizz Centre for Dance COVID-19 Screening**

**(Office use only)**

PLEASE PRINT – You must fill form completely and parent must sign prior to entering the studio

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_

Participant’s Full Name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Full Name (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp \_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Full Name (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp \_\_\_\_\_\_\_\_\_\_\_\_\_

**STOP:** If any participant’s temp is 99.5 or higher, they and all sibling and parents must be sent home

1. Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit? \_\_\_\_\_\_\_\_\_
2. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? \_\_\_\_\_\_\_\_\_

***STOP****: If the answer to questions 1 or 2 is “Yes”, student must be sent home and may not enter the studio*

1. Have you or anyone in your household been tested for COVID-19? \_\_\_\_\_\_\_\_
2. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health facility in the past 30 days? \_\_\_\_\_\_\_\_\_\_\_
3. Has anyone in your household traveled in the US in the past 21 days?
4. Are you or anyone in your household a health care provider or emergency responder? \_\_\_\_\_\_\_\_
5. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? \_\_\_\_\_\_\_\_\_\_\_
6. To the best of your knowledge, have you been in close proximity to any individual who tested positive for COVID-19? \_\_\_\_\_\_\_\_\_

I CERTIFY THAT I FULLY UNDERSTAND THE QUESTIONS WHICH HAVE BEEN ASKED OF MY BY A DANCEBIZZ CENTRE FOR DANCE REPRESENTATIVE AND THAT I HAVE ANSWERED THEM HONESTLY AND TO THE BEST OF MY ABILITY.

Parent/Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_