

HEALTH QUESTIONNAIRE PERTAINING TO COVID-19

To be submitted to the studio every 2 weeks

- Has your dancer experienced any symptoms of COVID-19 in the past 14 days?

YES NO

- Has your dancer tested positive for COVID in the past 14 days?

YES NO

- Are you aware of having any close contact with someone that has had a confirmed or suspected case of COVID-19 in the past 14 days?

YES NO

Students name Date

Parent/Guardian Signature

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