

COVID-19 SCREENING QUESTIONNAIRE

Normally our only hard and fast rule is to ask students with a fever to stay home, however, with the seriousness of Covid-19 it is only prudent that we add a few more criteria. Questions 5-7 aren't intended to be intrusive, we are simply trying our best to create the safest environment possible given the available information 😊.

It is out of an abundance of caution that we ask students to stay home if the answer is "yes" to questions 1, 3 and 4. If the answer to question 2 is "yes" and the contact person has tested negative for Covid-19 it is OK to come to class. If the contact person hasn't been tested, is waiting for results, or the result is positive then the student should stay home. If there is a "yes" answer to questions 5, 6 or 7 and you feel it is safe for your student to attend class please do take a moment to explain in the space provided.

We ask that each student bring a fully completed and signed copy of the questionnaire with them to class each week or, for those taking multiple classes, at the beginning of each week.

Please respond to each of the following questions to the best of your ability.

Student's Name: _____

1. Has your dancer experienced any of the following symptoms in the past 14 days?

Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)

Cough, shortness of breath or difficulty breathing not allergy related

Sore throat

New loss of taste or smell

Chills

Abnormal headaches, muscle aches, general fatigue

Nausea, diarrhea, vomiting

I certify that my dancer has not experienced any of the above symptoms.

Parent or Guardian Initials _____

2. In the past 14 days, has your dancer been in close contact with anyone who was experiencing any of the above symptoms or, who has since experienced any of the above symptoms? Yes No

3. In the past 14 days, has your dancer been in close contact with anyone who has tested positive for COVID-19? Yes No

4. Has your dancer been tested positive for COVID-19, or, are you waiting to receive test results? Yes No

5. In the past 14 days, has your dancer always worn a mask while in close/extended contact with anyone outside of your immediate household. This includes carpools, school or gatherings of any kind. Yes No If no, please explain below.

6. In the past 14 days, has your dancer been in close/extended contact with anyone who was not wearing a mask and is outside of your immediate household. Yes No If yes, please explain below.

7. Has your dancer or anyone in your immediate household traveled beyond your normal travel "bubble" in the last 14 days. Yes No If the answer is yes, was the destination a place with a 7 day rolling average of positive tests results greater than 10%. Please consult <https://coronavirus.jhu.edu/testing/individual-states> for up-to-date rolling averages. If yes, please explain below.

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: ___/___/2020
Parent or Guardian Student
