

# SLATER'S DANCE STUDIO

**You must complete this form, have temperature taken, and wear a mask to enter the studio and take class.**

**Please answer the questions for dancer.**

**1-Are you currently experiencing or experienced in the past 14 days**

**Fever\_\_\_ Cough\_\_\_ Shortness of Breath \_\_\_ Sore Throat\_\_\_**

**Lost of Taste or Smell\_\_\_ Chills\_\_\_ Head or Muscle Aches \_\_\_**

**Nausea, diarrhea, vomiting\_\_\_**

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**2-In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?**

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**3-In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19 ?**

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**4-Have you been tested for COVID-19 and what were the test results?**

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

**I understand that my child(ren) will be screened and temperatures taken before entering the dance studio. It is my responsibility to keep my child(ren) home and to inform the studio of any symptoms or exposure to the COVID-19 virus.**

**STUDENT'S NAME** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Temperature** \_\_\_\_\_ **Date** \_\_\_\_\_