decaturballet.com
DECATUR SCHOOL OF BALLET
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PRESCREEN HEALTH QUESTIONAIRE

DURING THE PAST 14 DAYS, HAVE YOU:

Experienced a fever? Yes No

Have you experienced shortness of breath? Yes No

Have you had a cough? Yes No

Have you had any other flu-like symptoms such as gastrointestinal upset, headache, or fatigue? Yes No

Have you experienced recent loss of taste or smell? Yes No

Have you been exposed to someone with COVID-19? Yes No

Dancer's Full Name _____

Dancer's Signature (if over 18) _____

Parent's Signature (if under 18) _____