

Dance Centre North Health Screening

PLEASE PRINT, COMPLETE, AND RETURN TO THE STUDIO ON A WEEKLY BASIS WHEN YOU COME IN FOR YOUR FIRST CLASS OF THE WEEK.

Name: _____

For week of: _____

Temperature will be taken daily upon entry to the studio.

Hands will be sanitized upon entry to the studio.

1. Do you have a cough or shortness of breath that began within the past 14 days?
 - No. Go to the next question.
 - Yes. No further screening is needed. You are unable to attend or enter the studio at this time.

2. In the past 14 days, have you gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab? (not a blood test)
 - No. Go to the next question.
 - Yes. No further screening is needed. You are unable to attend or enter the studio at this time.

3. In the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone who either tested positive for COVID-19 (not a blood test) or developed symptoms of COVID-19 (fever, cough, or shortness of breath)?
 - No. Go to the next question.
 - Yes. No further screening is needed. You are unable to attend or enter the studio at this time.

4. In the past 14 days have you traveled to another State currently under the NYS Governors mandate?
 - No. Go to the next question.
 - Yes. No further screening is needed. You are unable to attend or enter the studio at this time.