

Dance Evolution COVID-19 Student Screening

** This form will be completed at the beginning of each day of lessons and placed in a file. This helps us to keep track of who is present each day in case an outbreak were to occur. **

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has had symptoms of COVID-19?
Yes _____ No _____

2. Have you tested positive for COVID-19 in the past 14 days?
Yes _____ No _____

3. Have you experienced any symptoms of COVID-19 in the past 14 days?
Yes _____ No _____

4. In the last 14 days, have you traveled from another state or country for which New York State requires a mandated self-quarantine period?
Yes _____ No _____

a. If you answered "Yes" to question 4, have you completed the 14-day self-quarantine as currently required by New York State?
Yes _____ No _____

5. When you took your temperature as soon as you arrived at dance, was it higher than 100.4 degrees Fahrenheit?
Yes _____ No _____

Student Name/Parent Name: _____

Parent Signature: _____

Date: _____