

Health Check Form: Active until May 22, 2021

CHILD'S FULL NAME (PRINT)

_____ **DATE** _____

By signing this form, I attest that if any of the following questions are answered YES, I will keep my child at home until they are no longer exhibiting any of the following symptoms.

I agree to evaluate my child prior to sending my child to every class. I attest that the foregoing questions must be answered NO in order for my child to attend all dance classes they are enrolled in at Gotta DANCE! School of Performing Arts, Inc.

My child has a fever of 100.4* or higher: yes ___ no ___

My child is experiencing:

Fatigue: yes ___ no ___

Extreme coughing/sneezing: yes ___ no ___

Muscle aches and pains: yes ___ no ___

Severe sore throat: yes ___ no ___

Diarrhea: yes ___ no ___

Severe/continuing headaches: yes ___ no ___

Shortness of breath/difficulty breathing: yes ___ no ___

New loss of smell and/or taste: yes ___ no ___

Extreme chills: yes ___ no ___

My child has recently been in close contact with anyone who has exhibited any symptoms of COVID-19? yes ___ no ___

My child has recently been in contact with anyone who has tested positive for COVID-19? yes ___ no ___

My child has tested positive for COVID-19 yes ___ no ___

PARENT/GUARDIAN'S NAME (PRINT)

_____ **DATE** _____

PARENT/GUARDIAN'S NAME (SIGNATURE)

_____ **DATE** _____