Linda's Ballet Workshop, Inc. Updated 9/5/2020

COVID-19 Pre-Screen Questionnaire

1. Have you or anyone in your family traveled within the last 2 weeks internationally or out of state? **YES or NO**

If yes, to which area(s)?_____

2. Have you or anyone in your family had contact with anyone suspected to have COVID-19 or that has symptoms of COVID-19 in the last few weeks? **YES or NO**

3. Have you or anyone in your family had any of the following symptoms in the last 2 weeks? **YES or NO**

If yes, please select:

__Fever in the last 2 weeks (99 degrees & up) __Cough __Repeated shaking with Chills

__Chills __Muscle Pain __Loss of taste or smell __Headache __Sore Throat __Diarrhea

__Shortness of Breath/difficulty breathing

__Known close contact with a person who is lab confirmed to have COVID-19

4. Have you or your children had any other upper respiratory system complications or symptoms in the last few weeks? **YES or NO**

If yes, please explain:_____

5. Have you or anyone in your family tested positive for COVID-19? **YES or NO**

-If yes, are you completely recovered and completed a 14-day quarantine? **YES or NO**

-If Yes, please bring a copy of your Doctor's release/recovery documentation.

6. Do you or anyone in your family have immunosuppression? **YES or NO**

If yes, name of person(s) who is immunosuppressed:_____

- **I have answered all questions honestly and to the best of my ability. I will continue to self monitor my situation and will notify Linda's Ballet Workshop Inc. of any changes after the signed date.**

Parent/Guardian's Full Name:_____**Date:**_____

Signature:_____

Student's Name (1) _____

Student's Name (2) _____

Student's Name (3) _____