

**The Academy of Dance Arts
Advisory and Acknowledgment
Presence and participation in Academy Daily Function**

To the best of our knowledge all staff and students are COVID-19 symptom-free and have not been exposed to the virus. However, since we are a place of public accommodation, any person could be infected with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we have asked you a number of “screening” questions below. For safety of all staff, students, yourself and respective families, please be truthful and candid in your answers now and in future affirmation of these answers. You must be 18 years old or older to complete and sign this form. (Form 8-27-2020)

Print Name Student _____

Print Name Signee _____ Relation to student _____

Signature _____ Date _____

PLEASE ANSWER “YES” OR “NO” WITH YOUR INITIALS TO BELOW QUESTIONS

In the past two weeks did you have contact with someone COVID-19 positive? ___ YES ___ NO

Do you have COVID-19 or are you awaiting results of a COVID-19 test? ___ YES ___ NO

Are you or a family member ill or caring for someone ill? ___ YES ___ NO

Do you have a fever? ___ YES ___ NO

Do you have any shortness of breath? ___ YES ___ NO

Do you have a dry cough? ___ YES ___ NO

Do you have a runny nose? ___ YES ___ NO

Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to allergies? ___ YES ___ NO

Have you currently experienced headaches, fatigue, or weakness, upset stomach or sore throat? ___ YES ___ NO

Have you lost your sense of taste and/or smell? ___ YES ___ NO

Within the last 14 days, have you travelled to any foreign country? ___ YES ___ NO

Within the last 14 days, have you travelled within the United States? ___ YES ___ NO

If you have travelled, where? _____