

PLEASE COMPLETE THIS DAILY HEALTH CHECK FORM AND BRING ALONG TO YOUR FIRST CLASS

STUDENT(S) NAME: _____

1) DOES YOUR CHILD HAVE THE FOLLOWING SYMPTOMS?

- FEVER
- CHILLS
- COUGH OR WORSENING OF CHRONIC COUGH
- SHORTNESS OF BREATH
- SORE THROAT
- RUNNY NOSE / STUFFY NOSE
- LOSS OF SENSE OF SMELL OR TASTE
- HEADACHE
- FATIGUE
- DIARRHEA
- LOSS OF APPETITE
- NAUSEA AND VOMITING
- MUSCLE ACHES
- CONJUNCTIVITIS (PINK EYE)
- DIZZINESS, CONFUSION
- ABDOMINAL PAIN
- SKIN RASHES OR DISCOLORATION OF FINGERS OR TOES

2) HAVE YOU OR ANYONE IN YOUR HOUSEHOLD RETURNED FROM TRAVEL OUTSIDE CANADA IN THE LAST 14 DAYS?

3) ARE YOU OR IS ANYONE IN YOUR HOUSEHOLD A CONFIRMED CONTACT OF A PERSON CONFIRMED TO HAVE COVID-19?

DANCERS ARE NOT PERMITTED TO ATTEND CLASS IF THEY ANSWER "YES" TO ANY OF THE ABOVE QUESTIONS UNLESS AND THE SYMPTOMS ARE UNRELATED TO A PRE-EXISTING CONDITION (e.g. Allergies).

PLEASE NOTE ANY PRE-EXISTING MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE:

BY SIGNING THIS FORM, YOU ACKNOWLEDGE YOU HAVE RECEIVED THE DAILY HEALTH CHECK FORM, UNDERSTAND YOUR RESPONSIBILITIES AND AGREE TO CONDUCT A DAILY HEALTH CHECK OF YOUR CHILD BEFORE ATTENDING DANCE CLASSES AT DEAS ISLAND DANCE.

PARENT NAME: _____ **PARENT SIGNATURE** _____

DATE: _____