PERSONAL HEALTH DECLARATION

1. Do you have any of the following new or worsening symptoms or signs?

New or worsening cough	☐ YES ☐ NO
Shortness of breath	☐ YES ☐ NO
Sore throat	☐ YES ☐ NO
Hoarse Voice	☐ YES ☐ NO
Difficulty Swallowing	☐ YES ☐ NO
New Taste or Smell disorders	☐ YES ☐ NO
Nausea/ Vomiting, diarrhea or abdominal pain	☐ YES ☐ NO
Unexplained fatigue/ malaise	☐ YES ☐ NO
Chills	☐ YES ☐ NO
Headache	☐ YES ☐ NO
Runny Nose, sneezing or nasal congestion (in absence of underlying reasons such as allergies and post nasal drip).	☐ YES ☐ NO

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

☐ **YES** ☐ **NO**

3. Do you have a fever?

☐ **YES** ☐ **NO**

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

☐ **YES** ☐ **NO**

All the information provided on this form is accurate to the best of my knowledge.

Dancer Name:_____

Guardian Name:_____

Guardian Signature:_____

Studio:_____

Contact Phone:_____

Contact Email:_____