

**Dance Dimensions, LLC**  
**HEALTH FORM for the 2020-2021 Season**

This Health form MUST complete before entering the building.  
One form per dancer, each day they attend.

DO NOT EMAIL THIS FORM, IT MUST BE HANDED IN EACH DAY  
WITH ORIGINAL SIGNATURES.

**DANCER NAME**

**Date**

1. To the best of my knowledge my dancer/family has NOT been exposed to Covid-19 in the last 14 days.

Parent Initial \_\_\_\_\_

2. To the best of my knowledge my dancer/family is/has NOT experienced any of the following symptoms in the last 14 days and we have not been in close contact with anyone with the following symptoms:

- Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- New loss of taste or smell
- Chills
- Head or muscle aches
- Nausea, diarrhea, vomiting

Parent Initial \_\_\_\_\_

3. My dancer/family have **NOT** traveled outside of Connecticut in the last 14 days.

Parent Initial \_\_\_\_\_

4. If Your dancer/family has traveled outside of CT was the destination one from one of the listed "Covid-19 Hot Spots"? \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand Dance Dimensions will be notified of any changes during the dance season.

**Parent/Guardian Signature** \_\_\_\_\_