



Where stars are born!
Une éducation dans l'art de la danse!

COVID-19 Screening Form for PSOD Parents/Guardians & Dancers

Name of Parents/Guardians: _____

Name of Dancer(s): _____

Date: _____

Dear Parents/Guardians:

Please answer the following questions on behalf of yourself and your dancer(s) prior to your dancer's class. This questionnaire must be completed every time your dancer(s) attends class(es) at Ecole de danse Powell School of Dance inc. All information disclosed will remain confidential.

1. Have you or your dancer(s) travelled outside of Canada in the last 14 days? (circle answer)

Yes

No

2. Have you and your dancer come in close contact with someone who has tested positive for COVID-19 in the last 14 days?

Yes

No

3. Are you or your dancer in close contact with a person:

- Who recently travelled outside of Canada → Yes No
- Who is sick with new respiratory symptoms → Yes No
- Who has symptoms and who is awaiting COVID-19 test results → Yes No

4. Do you or your dancer have a fever? (greater than or equal to 37.8 degrees Celsius)

Parent/Guardian's Temperature: (_____)

Dancer's Temperature: (_____)



Where stars are born!
Une éducation dans l'art de la danse!

5. Do you or your dancer have any of these symptoms?

- | | |
|---|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Runny or stuffy nose (not related to seasonal allergies or other known causes) |
| <input type="checkbox"/> New or worsening cough (dry or productive) | <input type="checkbox"/> Nausea/vomiting/diarrhea/abdominal pain |
| <input type="checkbox"/> Barking cough (croup) | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Unexplained fatigue/malaise |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Falling more than usual |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Loss of taste or smell | |
| <input type="checkbox"/> Pink eye (conjunctivitis) | |
| <input type="checkbox"/> Headache that is unusual or long-lasting | |

If you have answered:

- NO to all questions – PASS. You may enter the building and proceed as scheduled.
- YES to any questions from #1 to #4 – FAIL. Put on a surgical mask, go home immediately and self-isolate. Take the self-assessment at covid-19.ontario.ca, and follow any recommendations given by the tool.
- YES to #5 only – FAIL. Go to question #6.

6. Are these symptoms typical for you/your dancer (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)?

- YES – Please self-isolate. Contact your doctor for a note confirming that symptoms are typical before returning to dance.
- NO – Go home immediately and self-isolate. Take the self-assessment at covid-19.ontario.ca, and follow any recommendations given by the tool.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____