

# COVID-19 DANCER QUESTIONNAIRE

RCSB is required by the government and Public Health to screen dancers before entering the studio. Please complete this Dancer Screening Questionnaire just prior to your dancer starting their first class each week. We will verbally screen the dancer each time they arrive for any subsequent classes in a week. Remit only one form per week.

Please complete the below truthfully and to the best of your ability. This information is strictly for our records for public health officials if they request it.

**DANCER'S NAME:**

**BEST TWO CONTACT PHONE #s:**

**DATE COMPLETED:**

**FOR THE WEEK BEGINNING (Mon):**

## QUESTIONS PERTAINING TO THE ABOVE NAMED DANCER

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

YES	NO	COMMENTS
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In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

YES	NO	COMMENTS
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In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

YES	NO	COMMENTS
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In the last 14 days, have you travelled outside of Canada and been advised to quarantine per the federal quarantine requirements?

YES	NO	COMMENTS
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Are you currently experiencing any one of the symptoms below? Symptoms not related to other known causes or pre-existing conditions.

YES	NO	COMMENTS
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Fever (100C/37.8F)/chills, shortness of breath, sore throat, difficulty swallowing, continuous/more than usual coughing or whistling breathing/barking cough, headache, decrease or loss of taste or smell, nausea, vomiting, diarrhea, extreme unusual tiredness or muscle aches, runny nose/nasal congestion.

In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select "No."

YES	NO	COMMENTS
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Is anyone you live with currently experiencing any new covid-19 symptoms and/or waiting for test results after experiencing symptoms?

YES	NO	COMMENTS
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I hereby declare that the responses I have provided on this form are true and accurate to the best of my knowledge. I understand that this form will only be used to assess if the dancer is allowed to enter RCSB's premises.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Relationship to dancer \_\_\_\_\_

**Government/Public Health's Statement:** Anyone who does not pass screening should be advised not to enter the business or organization and that they should self-isolate, ideally at home, and call their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment.

**Our Statement:** Royal City School of Ballet is only following the public health guidelines and is not dispensing nor is responsible for giving medical advice to our students as related to the above covid-19 questionnaire.