



Health Declaration Form

To maintain a healthy dance environment, DanceSations requires all dancers on our premises to complete the form below **prior** to returning the studio.

Dancer/ Parent Detail

Dancer Name:		Parent Name:	
Home Address:		Contact Number:	

Questions

Please answer each question to the best of your knowledge on behalf of your dancer. If you answer “yes” to any of the questions 1-4, **your dancer will not be permitted** to enter the studio.

1. Have you – or a member of your household – had any of the following new symptoms in that last 21 days? a) Cough b) Shortness of breath or difficulty breathing c) Temperature greater than 38°C (100.4° F) d) Chills e) Muscle pain f) Sore throat g) New loss of taste or smell	Yes	No
2. Have you – or a member of your household – had close contact from an individual with a confirmed Covid-19 case OR with someone showing symptoms or being evaluated for the virus?	Yes	No
3. Have you – or a member of your household – been in close contact (6 feet or 2 meters) with anyone who is currently under quarantine?	Yes	No
4. Have you – or a member of your household – recently (within 14 days) travelled overseas?	Yes	No

By signing this I/we agree we have read and understand the COVID-19 guidelines and procedures provided by the studio. The information I have provided about my dancer’s medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my dancer’s existing or past health conditions. I also commit to inform DanceSations about any symptoms that may arise after having filled in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Parent Signature

Date