

1. Have you had any of the following possible COVID-19 symptoms recently?

- Fever ( $\geq 100.0^{\circ}$  F/ $37.8^{\circ}$  C)
- Chills, or repeated shaking with chills?
- Shortness of breath, or difficulty breathing?
- A new cough?
- Sore throat?
- Lost sense of smell or taste?

No                       Yes

2. Have you tested positive for COVID-19 within the last 10 days?

No                       Yes

3. Has anyone else in your household had possible COVID-19 symptoms recently?

No                       Yes

4. Has anyone in your household tested positive for COVID-19 within the last 10 days?

No                       Yes

**If any of these answers is “yes”, you cannot join this dance event today. Please test to see if you have COVID or are still infectious before joining us at another dance.**

**By submitting this form, I attest that I understand and will follow BACDS COVID prevention protocols, including wearing a KN95-equivalent mask (at red or yellow levels) or closely-fitting cloth mask or better (at green levels) and showing proof of vaccination + booster as required, and notifying BACDS if develop infection after this dance.**

Yes, I so attest, and will follow BACDS COVID prevention protocols

I agree to notify BACDS if I should have symptoms of COVID and/or test positive within a week after attending this dance event.

Name (print):

Date:

Email or telephone number: