



## Pre-Screening / Screening Questionnaire

<b>Dancers Name:</b>  <b>Contact Number:</b>	<b>Date:</b>  <b>Email:</b>
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	YES	NO
<b>1. Are You experiencing any of the following symptoms:</b>		
a. Fever of 38C or higher	_____	_____
b. Cough	_____	_____
c. Difficulty breathing or shortness of breath	_____	_____
d. Fatigue or a feeling of being generally unwell	_____	_____
 <b>2. In the last 14 days have you:</b>		
a. Travelled to/from anywhere outside the country	_____	_____
b. Been in close contact with someone who has a confirmed or probable case of COVID-19	_____	_____
c. Been in close contact with a person with an acute respiratory illness who has travelled out of country in the last 14 days?	_____	_____

Signature:

Name (please print):

**If you have answered YES to any of the above questions, please delay your attendance and contact your health provider, or Telehealth Ontario (1-866-797-0000)**