SEISKAYA BALLET

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COVID-19 QUESTIONNAIRE

Date: _____

Name: _____

1) In the past 14 days, have you knowingly been in close proximity to anyone who has tested positive or who has had symptoms of COVID-19?

❑ Yes ❑ No

2) In the past 14 days, have you tested positive for COVID-19?

❑ Yes ❑ No

3) In the past 14 days, have you exhibited any COVID-19 symptoms (fever, shortness of breath, cough, fatigue, flu-like symptoms and/or loss of taste or smell)?

❑ Yes ❑ No

4) During the past 14 days, have you left New York State?

❑ Yes ❑ No