INFECTIOUS DISEASE SCREENING: STUDENTS, STAFF, AND VISITORS TO BE COMPLETED BY ALL STUDENTS, STAFF, AND VISITORS ENTERING THE FACILITY You must answer <u>all</u> questions

Temp 1:	Temp 2:	Passed	Failed	(if failed	, notify	supervisor)
Temperature will be tak	en in person by	/ a screener at California	Dance Theatre. Do	not complete	this se	ction at home
Parent Name		Parent Signature			Date	
Student Name		Student Signature			Date	
Generalized muscle aches, weakness or skin changes					No	Yes
Fatigue					No	Yes
Shortness of breath Loss of smell Loss of taste Unexplained hemorrhage (bleeding or bruising)					No	Yes
					No	Yes
					No	Yes
					No	Yes
Sore throat					No	Yes
New or worsening	cough				No	Yes
Respiratory illness					No	Yes
Diarrhea/vomiting/Abdominal Pain					No	Yes
Severe headache					No	Yes
Fever (greater than	99.4 F				No	Yes
Are you OR anyon you experienced the second se		se contact with experience 14 days?	cing ANY of the follo	owing sympto	ms cur	rently or have
to begin testing/in	ormornig/ quara	THE ISI SOUR TO IT THE	Tust 14 days:		No	Yes
		or someone with whom y ntine for COVID-19 in the		ose contact, b	een ad	vised/directed
					No	Yes

Plan Ahead and Be Prepared!

- Arrive at CDT dressed to dance
- Bring your yoga mat, face covering and barre cover/hand towel from home.
- Arrive at designated time. Drop off only.
- Line up on 6 ft. markers outside CDT for health check.
- Line up on 6 ft Markers in lobby and change shoes for class.
- Lobby closed to public. Dressing room and Snack Barre closed. Bring your own water!
- Enter studio with personal belongings.
- Stand at assigned 6 ft. markers with personal belongings beside you.
- Use assigned bathroom.
- After class(es) change shoes and leave through the designated exit doors.
- Parents, please be prompt with pick up so students are not waiting outside.

ENJOY CLASS AND WELCOME TO CDT:)