

COVID – 19 Health Questionnaire

Before every class, participants will be required to participate in a basic health screening consisting of these 4 questions:

1. Do you currently have any symptoms of cold or flu?
2. Have you or anyone in your household been diagnosed with COVID-19 virus?
3. Have you traveled internationally (or just travelled) in the last 14 days?

please note the State guidelines regarding self quarantine for 14 days if you are re entering CT from one of the states considered to be hot spots. These are changing daily and would prevent you from attending classes.

4. Have you or anyone in your household been directed to self quarantine?

If more than one parent is present please fill out separate forms.

Parent Name:

Parent Signature: