



PDM PRODUCTIONS
Pilates Dance and More Productions, Inc



Performing & Fine Arts

HEALTH SURVEY

Have you tested positive for a newly identified infectious disease in the past 14 days? Yes No

Have you traveled to a known "hotspot" or restricted state as documented by Public Health? Yes No

Have you had a new or worsening cough within the last 14 days? Yes No

Have you had difficulty in breathing or shortness of breath within the past 14 days? Yes No

Have you had a sore throat within the last 14 days? Yes No

Have you lost the senses of taste or smell within the last 14 days? Yes No

Have you experienced headaches, chills, or fatigue within the last 14 days? Yes No

Have you experienced abdominal pain, nausea/vomiting, or diarrhea within the last 14 days? Yes No

Within the last 14 days, have you come in contact with a person with a confirmed or suspected case of a newly identified viral illness? Yes No

What is your current body temperature? (To be taken at studio before entering) _____

Students name Printed

Date

Parents Name Printed

Parents Name signed