

**SWINGSHOES ENTERTAINMENT LLC**  
**HEALTH QUESTIONNAIRE**

(Circle One)

1. Have you traveled outside of the United States in the past 14 days? Yes    No

If yes, please list the countries visited: \_\_\_\_\_

2. Have you traveled to one of the travel advisory states in the past 14 days? Yes    No

If yes, please list the states visited: \_\_\_\_\_

*As of September 1, 2020, the following locations are included in Connecticut's travel advisory:*  
*Alabama, Alaska, Arkansas, California, Florida, Georgia, Guam, Hawaii, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, Nevada, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virgin Islands, Virginia, Wisconsin.*

3. Are you currently experiencing ANY of the following symptoms? Yes    No

Fever greater than 99.9 or chills  
Cough  
Shortness of breath or difficulty breathing  
Fatigue  
Muscle or body aches  
Headache  
New loss of taste or smell  
Sore throat  
Congestion or runny nose  
Nausea or vomiting  
Diarrhea

I attest that the above statements are true as of class date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY), and understand that the instructor may not allow me to participate in class on this date if I answered "Yes" to any of the above questions.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_