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 15, 2020, the following locations are included in Connecticut's travel advisory: Alabama, Alaska, Arkansas, Delaware, Florida, Georgia, Guam, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West 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: _____