

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 outside of Connecticut or New York in the past 14 days? Yes No

If yes, please list the states visited: _____

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: _____