



## COVID Release Form:

**Dancer's Name** \_\_\_\_\_

*Have you had close contact with anyone with acute respiratory illness?*

**Yes**  **No**

*Have you travelled outside of Buffalo in the past 14 days?*

**Yes**  **No**

*Have you had a confirmed case of COVID-19?*

**Yes**  **No**

*Have you had close contact with a confirmed case of COVID-19?*

**Yes**  **No**

*Do you have any of the following symptoms:*

● *Fever*  **Yes**  **No**

● *New onset of cough*  **Yes**  **No**

● *Worsening chronic cough*  **Yes**  **No**

● *Shortness of breath*  **Yes**  **No**

● *Difficulty breathing*  **Yes**  **No**

● *Sore throat*  **Yes**  **No**

● *Difficulty swallowing*  **Yes**  **No**

● *Decrease or loss of sense of taste or smell*  **Yes**  **No**

● *Headaches*  **Yes**  **No**

● *Unexplained fatigue/malaise/muscle aches*  **Yes**  **No**

● *Nausea/vomiting, diarrhea, abdominal pain*  **Yes**  **No**

**Name of parent/guardian:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_