



Name: _____ Date: _____ Time: _____

COVID-19 QUESTIONNAIRE & WAIVER

If your responses show you may be at risk or may put others at risk, we may have to refuse your appointment(s) today.

1) I have read and agree to comply with the "Protocol For a Safer Studio" document.	Yes: _____	No: _____
2) I have been diagnosed with COVID-19 through testing or a medical professional, and have not yet been confirmed recovered and negative through a test or otherwise confirmed by my medical doctor.	Yes: _____	No: _____
3) I am aware that within the last 14 days I have been exposed to someone with COVID-19	Yes: _____	No: _____
4) Within the past 14 days, I have had cold or flu symptoms.	Yes: _____	No: _____
5) Within the past 3 days I've had a body temperature of over 100 degrees Fahrenheit.	Yes: _____	No: _____
6) Within the past 14 days, I've had a sore throat or cough that I cannot attribute to another health condition other than COVID-19.	Yes: _____	No: _____
7) Within the past 14 days, I've had shortness of breath or difficulty breathing.	Yes: _____	No: _____
8) I have recently developed a loss of smell or taste.	Yes: _____	No: _____
9) Within the past 14 days I've been around people who were sick with cold or flu symptoms	Yes: _____	No: _____
10) I am considered a "Vulnerable individual" or high-risk according to the CDC or other health official.	Yes: _____	No: _____
11) I live with, or am regularly near, someone in the high-risk or "vulnerable" category.	Yes: _____	No: _____
12) If taking with a partner, have you been gathering or sheltering-in-place with them?	N/A _____	Yes: _____ No: _____
13) If taking a contact lesson with your instructor, student, or classmate, when have you most recently been tested for COVID?		N/A _____



In an effort to comply with the city, state, and other government programs for contact tracing and other efforts to combat the spread of COVID19 and the Novel Coronavirus, we must gather your information and share it with the proper authorities, if necessary.

By signing this, you certify the following:

1. If, within 14 days of any visit to the studio or program, it is suspected or confirmed that I am symptomatic of, or am infected with, the Novel Coronavirus or COVID-19, I will notify May I Have This Dance, as well as any proper authority.
2. I understand that even though I have a general right to privacy concerning my medical information, I acknowledge that the Global Pandemic of COVID-19 has made it important and necessary for MIHTD and officials to gather and share this information for the safety and well-being of others that I may come in contact, or share space with.
3. If it is suspected or confirmed that I am symptomatic of, or am infected with, the Novel Coronavirus or COVID-19, I give permission to May I Have This Dance to alert the Chicago Department of Public Health, Illinois Department of Public Health, other government officials, as well as all people who have attended the same space while at the studio or MIHTD function during any possible contagion period.
4. That by coming to the studio for any reasons, I do not believe I am a symptomatic or non-symptomatic carrier of the Novel Coronavirus or COVID-19.
5. That I am not vulnerable or high-risk, nor do I live with or share space with vulnerable or high-risk individuals without social distancing.
6. I understand and accept that even with the proper precautions, it is still possible for me to contract the Novel Coronavirus or COVID-19 at the studio or other MIHTD function, which can result in me becoming seriously ill or death. I also understand and accept the risk and responsibility that I can spread the Novel Coronavirus or COVID-19 to others after catching it at the studio or MIHTD function.
7. I understand and agree to be fully responsible for any costs incurred to me for testing or any other costs associated with any infection, illness, or death resulting from contracting the Novel Coronavirus or COVID19 while at the studio or any MIHTD function.
8. I waive any claim and agree not to hold liable MIHTD, its employees, officers, contractors, agents, volunteers, students, customers, and any party for any illness, injury, or death resulting from my participation in any activity at the studio or any MIHTD function.

Signature

Printed Name

eMail Address

Cell Phone Number

Home address