10 YEARS JDS TEEN
JDANSE STUDIOS
#JDSSTRONG

STOP **COVID-19**

DANCE SAFE
SAFE. STUDIOS. ONTARIO.

Please complete before entering the school.

Dancer Name: _____ Parent/Guardian Signature: _____

Date: _____ Time: _____

Do you have any of the following:

Yes ☐ No ☐

Fever

Yes ☐ No ☐

Cough

Yes ☐ No ☐

Difficulty breathing

Yes ☐ No ☐

Sore throat, trouble swallowing

Yes ☐ No ☐

Runny nose or red eyes

Yes ☐ No ☐

Loss of taste or smell

Yes ☐ No ☐

Not feeling well, tired or sore muscles

Yes ☐ No ☐

Nausea, vomiting, diarrhea

Yes ☐ No ☐ Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Yes ☐ No ☐ Have you returned from travel outside Canada in the past 14 days?

If you answered YES to any of these questions, go home & self-isolate right away. Call Telehealth or your health care provider, to find out if you need a test.

TORONTO.CA/COVID19

TORONTO Public Health