

ELLIE CLEARY DANCE ACADEMY COVID-19 SCREENING QUESTIONNAIRE

To ensure the safety and health of all people interacting with our studio, all parents and students must complete this Declaration Form PRIOR to entering class on Day 1 and must use this checklist before sending child or attending each class going forwards throughout the term.

STUDENTS NAME:

PARENTS MOBILE NUMBER:

Please answer all questions below – **Tick yes or no.**

1. Have you visited any of the countries outside Ireland excluding Northern Ireland? **Yes No**
2. Are you suffering any flu like symptoms/symptoms of coronavirus covid-19? **Yes No**
3. Are you experiencing any difficulty in breathing, shortness of breath? **Yes No**
4. Are you experiencing any fever-like/Temperature symptoms? **Yes No**
5. Did you consult a Doctor or other medical practitioner within the last 14 days ? **Yes No**
6. How are you feeling Healthwise? **Unwell Well**
7. Have you been in contact with someone who has visited an affected region in the past 14 days?
Yes No
8. Have been around someone with symptoms of Covid-19 in the last 14 days? **Yes No**
9. Is a member of your household self-isolating? **Yes No**
10. Are you in a period of self-isolation and/or cocooning under the current Health Policy Rules? **Yes No**
11. Are you in a high-risk health category? **Yes No**

If you have answered “YES” to any of the questions above or have indicated to us that you have symptoms of COVID19 you should not attend any ballet classes. You are prohibited from entering the centre and advised to seek professional medical help/assistance.

NOTE: When in class, please adhere to our on-site standard processes/procedures regarding infection control, i.e. social distancing, hand washing/hand sanitising and general coughing/sneezing etiquette.

I AGREE TO USE THIS QUESTIONNAIRE BEFORE ATTENDING EVERY BALLET CLASS.

SIGNATURE:

DATE: