

# DANCE COMPETITION

## LIU POST / TILLES CENTER GUEST COVID 19 SELF-CHECK

March 12, 2021

March 13, 2021

March 14, 2021

(Circle One)

NAME: \_\_\_\_\_ COMPETITION DATE: \_\_\_\_\_

DANCE SCHOOL: \_\_\_\_\_

NAME OF DANCER & PARENTS/GUESTS (2): DANCER – \_\_\_\_\_

GUEST 1 – \_\_\_\_\_ GUEST 2 – \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

All attending and working this competition will have a temperature screening upon entering the building. This form is used for contact tracing purposes and will be collected when you enter Tilles Center. This form will be held by Tilles Center for up to 21 days. After will then be shredded. Please notify your dance school and Tilles Center at 516.299.2752 if you or anyone in your party tests positive for Covid-19 in the 14 day period following the competition date.

### **In the past 14 days, do any of the following situations apply to anyone in your party?**

Had a positive test for COVID-19?

Are awaiting the results of a COVID-19 TEST?

Had close contact with an individual diagnosed with COVID-19?

Have you traveled to a noncontiguous state (**all states except the ones listed below**), US territory, or internationally?

**(Contiguous states are Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont)**

**YES or NO (Circle One)**

### **In the Past 24 hours has anyone in your party had any of these symptoms?**

Felt Feverish or Have a Fever (100.4 F 37.8 C or greater)

Cough

Shortness of breath or difficulty breathing

Sore throat

New loss of taste or smell

Head or muscle aches

Nausea, Diarrhea, Vomiting

Unusual Rash

**YES or NO (Circle One)**