

To help VSA studio with your assessment and as a precaution to limit the risk of transmitting the COVID-19 virus, it is important we take measures to protect our teachers, students, and staff.

Name* _____ First _____ Last _____ Gender* _____ M _____ F
In-Studio Date and Time * _____ (mm/dd/yyyy) _____ AM/PM
Phone Number* _____ Email Address* _____

Please kindly answer the below questions before coming to studio:

- 1) Are you experiencing symptoms of a cough, fever, or having difficulty breathing*?
 Yes No
- 2) Are you experiencing chills, fatigue, headache, sore throat, runny nose, stuffy or congested nose, lost sense of taste or smell, hoarse voice, difficulty swallowing or any digestive issues (nausea/vomiting, diarrhea, stomach pain) *
 Yes No
- 3) Have you been in close contact with a confirmed or probable case of COVID-19*
 Yes No
- 4) Have you been tested for COVID-19*
 Yes No
- 5) Have you or someone close to you travelled outside of Canada within the last 14 days*
 Yes No
- 6) Have you been told to isolate by Public Health*
 Yes No

Please be aware of in-studio basic requirements:

- Temperature check
- Hands wash/sanitize
- Mask wearing