**PINEAPPLE DANCE**

DAILY HEALTH QUESTIONNAIRE (Daily Q)

(Updated for School Year 2020-2021)

Are you experiencing any of the following symptoms?

Please check all that apply:

 \_\_\_\_\_ fever of 99 degrees or higher

 \_\_\_\_\_ new cough, shortness of breath, nasal congestion or runny nose

 (not related to seasonal allergies)

\_\_\_\_\_ body/muscle aches (not related to increased physical activity)

\_\_\_\_\_ nausea, vomiting, or diarrhea

\_\_\_\_\_ new loss of smell or taste

 Check here if you have NO symptoms \_\_\_\_\_\_

Have you or anyone in your family been exposed to anyone who has or is suspected to have Covid-19 in the last 14 days?

Circle one:

YES NO

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If participant is <18 years old)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your help in maintaining a healthy environment for all students, faculty, and our community. We appreciate your compliance with our health protocol. Thank you!!