



**ATTENTION - DANCERS, PARENTS, STAFF & VISITORS**

**YOU MUST CONDUCT A COVID-19**

**“SELF-ASSESSMENT”**

**BEFORE ENTERING PULSE!**

**IF YOU ANSWER “YES” TO ANY BELOW QUESTIONS, YOU MUST STAY HOME! CONTACT YOUR MEDICAL PRACTICIONER AND/OR TELEHEALTH 1-866-797-0000.**

**YOU MUST STAY HOME IF YOU OR A MEMBER IN YOUR HOUSEHOLD HAVE COVID-19 SYMPTOMS, ARE WAITING FOR TEST RESULTS AFTER EXPERIENCING SYMPTOMS, HAVE BEEN INFORMED BY A DOCTOR / HEALTH CARE PROVIDER / PUBLIC HEALTH / YOUR CHILD’S SCHOOL OR CARE CENTRE THAT YOU SHOULD BE ISOLATING / STAYING AT HOME.**

**1) FEVER 37.8 °C or higher**

- Do you have a Fever?
- Have you had a Fever within the past 24 hours?

**2) NEW or WORSENING SYMPTOMS/SIGNS *not related to asthma, allergies or any other known causes or conditions you already have on your medical record***

- New or Worsening Cough or Barking Cough (Croup)
- Shortness of Breath or Difficulty Breathing
- Decrease or Loss of Taste or Smell
- Muscle Aches / Joint Pain that are unusual, long lasting  
*(not related to getting a Covid-19 vaccine and/or flu shot in the last 48hours, a sudden injury, fibromyalgia or other known causes conditions you already have)*
- Extreme Tiredness / Lack of Energy
- Sore Throat / Difficulty Swallowing
- Runny/Stuffy Nose, Sneezing or Nasal Congestion  
*(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)*
- Headache  
*(new or unusual, not related to tension-type headaches, chronic migraines)*
- Hoarse voice
- Difficulty Swallowing
- Nausea, Vomiting and/or Diarrhea

**3) TRAVEL (in the last 14 days)**

- You travelled outside of Canada and were told to quarantine
- You travelled outside of Canada and were told to not attend school/child care

**4) COVID-19 TESTING**

- Have you or a member in your household tested positive for Covid-19 and/or are awaiting a test result?
- Do you or a member of your household have any symptoms and/or have been isolating because of a Positive Covid-19 test or symptoms?