



COVID-19 PRE-SCREENING

Per CDC and state guidelines, every individual entering the Music School building must answer the following questions. In an effort to prevent long lines at a sign in sheet on busy lesson days, you may fill this form out at home and bring it with you. There will be a place at the entrance to MCMS where you can drop it off and continue directly to your lesson/rehearsal.

Date: _____

Name (please print): _____

Instructor/Music Therapist: _____

Class/Ensemble: _____

Do you have any of the following symptoms of COVID-19?

- 1) Fever (a documented temperature of 100.4 degrees Fahrenheit or higher) or are you feeling feverish? YES NO
- 2) Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough or shortness of breath? YES NO
- 3) General body symptoms such as muscle aches, chills and severe fatigue? YES NO
- 4) Gastrointestinal symptoms such as nausea, vomiting or diarrhea? YES NO
- 5) Changes in your sense of taste or smell? YES NO
- 6) Have you been in close contact with someone who is suspected or confirmed to have had COVID-19 in the past 14 days?
(Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment are not considered to have a close contact exposure and should answer "No" to this question.) YES NO
- 7) Have you traveled on non-essential travel in the past 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island (this includes any international travel or travel by cruise ship and any domestic travel, within the US, outside of NH, VT, RI, CT, MA or ME, regardless of the mode of transportation)? YES NO

Signature _____

If you answer yes to any of these questions, we ask that you remain at home and contact your private lesson teacher to arrange to have your lessons online.