



I, _____, hereby certify to the following:

1. I have not tested positive for COVID-19 within the past 14 days.
2. I am not awaiting results of a COVID-19 test.
3. I have not been deemed presumptively positive for COVID-19 based on my health care provider's assessment of my symptoms.
4. I am not under quarantine by my school, dance school or place of work.
5. I have not knowingly been in close or proximate contact (within 6 feet for at least 10 minutes) in the past 14 days with anyone who has tested positive for COVID-19.
6. I have not knowingly been in close or proximate contact (within 6 feet for at least 10 minutes) in the past 14 days with anyone who has or had symptoms of COVID-19.
7. I do not have one or more of the following:
 - Cough
 - Fever or chills
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Sore throat
 - New loss of taste or smell
 - Hand or muscle aches
 - Nausea, diarrhea, vomiting
 - Congestion or runny nose

Name

Date

Signature (Parent if under age 12)