



## COVID-19 Questionnaire for Students

1. Have you returned from overseas within the last 14 days?

Yes ☐

No ☒

2. Have you have cared for someone or being in close contact with someone that has being diagnosed with COVID-19, within the last 14 Days?

Yes ☐

No ☒

3. Have you been in close contact with anyone who has travelled within the last 14 days?

Yes ☐

No ☒

4. Have you experienced any cold or flu like symptoms in the las 14 days? (Including fever, sore throat, cough, respiratory illness or difficult breathing.)

Yes ☐

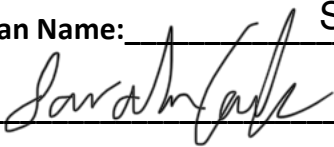
No ☒

**If the answer is "YES" to any of the above, access will be denied to the studio until a medical certificate can be provided that the student is safe to return.**

**I agree to notify GPAC if my circumstances change in any of the above questions, during my enrolment in classes at the studio.**

Students Name: Bonita O'Connell

Parent/Guardian Name: Sarah Cock

Signature: 

Date: 01/06/2020