

GROOVE Daily Screening Sheet

Please complete this health check every time before attending rehearsal

- YES ___ NO ___ Temperature 100.4 degrees Fahrenheit or higher
- YES ___ NO ___ Sore Throat
- YES ___ NO ___ New uncontrolled cough that causes difficulty breathing
- YES ___ NO ___ Diarrhea, vomiting, or abdominal pain
- YES ___ NO ___ New onset of severe headache, especially with a fever
- YES ___ NO ___ Has the student or staff been identified as having COVID-19, and not been cleared by the SD Dept. of Health for return to work and school?
- YES ___ NO ___ Has the student or staff been identified as a close contact to a confirmed COVID-19 case (15 minutes or more within 6 feet or less) within the last 14 days?

If you answer **Yes** to any of the above...

DO NOT go to rehearsal.

