

DAILY QUESTIONS

- 1 Have you had any of the following symptoms in the past 72 hours?
 - A cough
 - Shortness of breath or difficulty breathing
 - A fever of 100.4 or higher
 - A sore throat
 - Chills
 - New loss of taste or smell
 - Muscle or body aches
 - Nausea/vomiting/diarrhea
 - Congestion/runny nose - not related to allergies
 - Unusual fatigue
- 2 Does anyone in your household have any of the above symptoms?
- 3 Have you been in close contact with anyone suspected or confirmed COVID-19?
- 4 Have you been in close contact with anyone suspected or confirmed COVID-19?
- 5 Have you had any fever reducing medicine?
- 6 Have you been out of the state to any country/city/state considered a COVID-19 hotspot?

If you answer yes to any of these questions, please refrain from entering the studio