



B.A.T.D. EXAMINATION DECLARATION

Coronavirus Measures Checklist: Form to be completed and forwarded to Studio Director/Teacher on the day of Examination.

Name

First Name

Last Name

Email

example@example.com

Phone Number

Area Code

Phone Number

Address

Street Address

Street Address Line 2

City

State / Province / County

Postal / Zip Code

Country

Risk Assessment

Have you traveled in the past 14 days to any Covid related hotspots?

Yes No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

Are you experiencing any of the following symptoms?

Yes No If Yes, explain.

Cough

Fever

Shortness of breath

Flu-like symptoms, such as fatigue, headache, gastrointestinal upset

Loss of Taste or Smell

Any other symptoms?

What is your current temperature? Exam Day

Signature of Parent/Guardian. Student if over the age of 18 years.

Steps to be taken to protect others:

- If you're experiencing any of the symptoms above, get medical attention immediately.
- Stay home if you're unwell. Always clean and sanitize frequently.
- Avoid crowds. Wear a mask.