Please fill out the following questions on the day of your audition before arriving at Jazz St. Louis.

1. Are you currently experiencing, or have you in the last 14 days experienced, any symptoms such as fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, body aches or muscle pain, sore throat, headache, diarrhea, nausea/vomiting, runny nose, and new loss of taste or smell?

   Yes______ No______

2. Have you been in close contact (less than six feet) in the last 14 days with any persons who have been diagnosed COVID-19 or were experiencing any symptoms such as fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, body aches or muscle pain, sore throat, headache, diarrhea, nausea/vomiting, runny nose, and new loss of taste or smell?

   Yes______ No______

3. Have you traveled via airplane in the last 14 days?

   Yes______ No______

4. Have you been advised by a healthcare provider to self-quarantine due to COVID-19?

   Yes______ No______

5. Have you tested positive for COVID-19?

   Yes______ No______

Name (please print):______________________________  Date________

Signature:________________________________________