



Buffalo Girlchoir

Strong Voices. Strong Girls.

Rehearsal Entry Ticket

Date:

Name:

1) Have you experienced symptoms of COVID-19 in the past 10 days?

(Fever, temperature of 100°F or above, chills, muscle or body aches, cough, shortness of breath or difficulty breathing, fatigue, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste and/or smell.)

Please answer “yes” only if experiencing a new onset of symptoms OR you are experiencing a change in symptoms from baseline if there is a known pre-existing medical condition, e.g. asthma, allergies.

Yes No

2) Is your temperature 100°F or greater today?

Yes No

3) Have you tested positive for COVID-19 in the past 10 days?

Yes No

If you checked YES to any of the above questions, please stay home.

Signature: