

COVID SCREENING QUESTIONNAIRE – SHOWMAX RMS STUDIO

**YOU MUST COMPLETE THIS
SELF ASSESSMENT PRIOR TO
ENTERING THE VOLUME STUDIO.
DO NOT ENTER IF YOU ARE
EXHIBITING ANY OF THE
FOLLOWING SYMPTOMS:**

- [Fever](#) or chills
- Cough
- Loss of sense of smell or taste
- Difficulty breathing
- Sore throat
- Loss of appetite
- Runny nose
- Sneezing
- Extreme fatigue or tiredness
- Headache