

Date: _____

COVID-19 SCREENING QUESTIONNAIRE

1. Do you have a fever?

Yes No

2. Are presenting with any of the following: fever, chills, cough, runny nose, body aches, diarrhea, nausea, vomiting, extreme fatigue, loss of sense of smell or taste, painful swallowing, sore throat, headache, difficulty breathing or loss of appetite?

Yes No

3. Have you travelled outside of Canada, including the United States of America in the last 14 days?

Yes No

4. Have you been identified as having or being a close contact with a person who has tested positive for COVID-19?

Yes No

5. Have you been told to self-isolate by Public Health?

Yes No

6. Temperature recorded: _____

If you answer YES to any of the above questions, including even having ONE symptom in the second question or if you refuse to answer any question, you may not enter the show grounds and will not be refunded your entry fees or any expenses incurred in traveling to and entering these shows. You will be advised to contact 811 immediately.

Name: _____

Date: _____

Contact Phone Number: _____