



COVID SCREENING QUESTIONNAIRE/SYMPTOMS & WAIVER

Do you have two or more of the following symptoms (new or worsening or unexplained)?

- Fever (or signs of a fever, such as chills, sweats, light-headedness)?
 Yes
 No
- Cough, sore throat, runny nose, shortness of breath or difficulty breathing?
 Yes
 No
- Nausea and/or vomiting, Diarrhea, Abdominal pain?
 Yes
 No
- Unexplained fatigue/malaise?
 Yes
 No
- Headache?
 Yes
 No
- Loss of/change to sense of smell or taste?
 Yes
 No
- Small, red or purple spots on your hands and/or feet without cause?
 Yes
 No

CONTACT/TRAVEL HISTORY

Have you:

- Travelled outside Nova Scotia in the 14 days before onset of illness?
 Yes
 No
- Been in close contact with a known or suspect case of Covid-19 in the last 14 days or at one of the listed exposure sites?
 Yes
 No

If you answered yes to any of the contact or travel history questions with or without symptoms, you are considered a person under investigation of Covid-19. It is recommended if you have not been tested to proceed to your nearest Covid-19 testing location.

The Cobequid Dog Club will use due care and diligence for the welfare of dogs and participants, but will not be responsible, or assume liability, in the event of accident, or other misfortunes, to either dogs or participants. **The participant shall absolve The Cobequid Dog Club and its members of any liability thereof. In particular, Participants acknowledge that they are taking part in this event with full knowledge of the existence of the coronavirus pandemic and understand and accept that while the Cobequid Dog Club will make all reasonable effort to run a safe event, and will adhere to all Nova Scotia government coronavirus requirements and restrictions in force on the date of the event in doing so, it is impossible to eliminate all risk and by entering and attending the event, the participant accepts the risk of contracting COVID-19 and will absolve the Cobequid Dog Club and its members and Stay 'N Play Canine Centre of any liability in the event that they test positive for COVID-19 after this event.**

Date: (within 14 days of the event) _____

Signed: _____

Armband #: _____