

Claresholm Arena

COVID-19 Screening Checklist

Please read these questions carefully:

TODAY'S DATE _____

NAME (PLEASE PRINT) _____

CONTACT NUMBER _____



1.	Do you have any of the following symptoms:	Yes	No
	Fever Cough Shortness of Breath / Difficulty Breathing Sore throat Chills Painful Swallowing Runny Nose / Nasal Congestion Feeling unwell / Fatigued Nausea/ Vomiting/ Diarrhea Unexplained loss of appetite Loss of sense of taste or smell Muscle/ Joint aches Headache Conjunctivitis		
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?		
3.	Have you or your children attending this program had close unprotected* contact (face-to-face contact within 2m/ 6ft) with someone who is ill with a cough and/or fever?		
4.	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		
5.	You are aware that if you do not comply with the posted rules you will be asked to leave, no exceptions?		

6.	<i>You are aware that the facility could be closed at any time due to non-compliance of the posted rules?</i>		
7.	<i>You currently live within the MD of Willow Creek, as do any family members attending?</i>		

Signature: _____