

Screening Questionnaire

The following questions will be asked of you and everyone in your camp to be answered before entering the campground. If you or anyone with you answer yes to any of these questions, we ask that you all **DO NOT** enter at this time.

Do you have any of the following symptoms:	Circle One	
• Cough	Yes	No
• Shortness of Breath/Difficulty Breathing	Yes	No
• Sore Throat	Yes	No
• Runny Nose/Nasal Congestion	Yes	No
• Feeling Unwell/Fatigued	Yes	No
• Nausea/Vomiting/Diarrhea	Yes	No
• Muscle Aches/Headache	Yes	No
Have you travelled outside Canada in the Last 14 days?	Yes	No
Have you been in contact the last 14 days with someone being investigated or confirmed to be case of COVID-19	Yes	No
Are you on self-isolation for COVID-19	Yes	No
Are you being tested for COVID-19	Yes	No
Have you tested positive for COVID19	Yes	No

If you have all answered **NO** to all the above questions, one of you must please sign this form and continue practicing your social distancing and hand hygiene while you are occupying our campground. Our goal is to minimize the risk of infections to our campground. If we bring the infection in, we will have to close so please remember to do your part.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_