

PLEASE PRINT & BRING – ENTERED AT EVENT

THIS FORM WITH YOU TO BE SIGNED AT THE EVENT

KILBRIDE & DISTRICT KC COVID-19 Assessment Tool

Screening Questionnaire

All members, volunteers and exhibitors are required to fill out this questionnaire each day to assist in determining your fitness to work or participate during the COVID-19 pandemic to provide a safe environment for everyone.

The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions.

Information is collected for the sole purpose of protecting the exhibitors and volunteers and for contact tracing if necessary.

Print Name

Signature

Date

E-mail

Phone #

Risk Assessment: Screening Questions

1. Do you have any new onset (or worsening) of any of the following symptoms:

- Fever (38.0°C or higher) **YES NO**
- Cough **YES NO**
- Shortness of breath / difficulty breathing **YES NO**
- Runny nose **YES NO**
- Sore throat **YES NO**
- Chills **YES NO**
- Painful swallowing **YES NO**
- Nasal congestion **YES NO**
- Feeling unwell / fatigued **YES NO**
- Nausea / vomiting / diarrhea **YES NO**
- Unexplained loss of appetite **YES NO**
- Loss of sense of taste or smell **YES NO**
- Muscle / joint aches **YES NO**
- Headache **YES NO**
- Conjunctivitis (commonly known as pink eye) **YES NO**

2. Have you travelled outside of Canada in the last 14 days? **YES NO**

3. Have you had close contact with a confirmed case of COVID-19 in the last 14 days? **YES NO**

4. Have you been tested for Covid-19 and are awaiting results? **YES NO**

5. Have you been advised by Ontario Public Health Services that you must self-isolate? **YES NO**

If an exhibitor answers YES to any question (including having just one symptom in question 1) or refuses to answer, they have not passed the health check and cannot enter the Official Event Grounds.