

## **COVID – 19 Screening Questionnaire**

All members, volunteers and exhibitors are required to fill out the below questionnaire to assist in determining your fitness to trial or show dogs during the COVID-19 pandemic and to provide a safe environment for everyone.

This information will be used for the purpose of managing access to The Event. If you have any questions regarding the collection and use of this information, please contact the Show Chair.

The questionnaire only relates to new symptoms or a worsening of symptoms, not related to allergies, chronic or pre-existing conditions.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Are you experiencing any of the following new or worsening symptoms?

Fever or Chills	Cough	Sore throat
Difficulty breathing	Body Aches	Diarrhea Nausea and/or vomiting.
Headache	Runny Nose	Extreme fatigue or tiredness
Loss of appetite	Painful Swallowing	Loss of sense of smell or taste

YES

NO

2. Have you traveled outside of Canada, within the last 14 days?

YES

NO

3. Have you been identified as having or having close contact with someone with a COVID-positive test?

YES

NO

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

YES

NO

5. 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 Show Site.