

KLBC COVID-19 Symptom Screening

Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.

Symptom Screening Questionnaire

1. Do you have any of the following **new or worsening** symptoms or signs?

- | | | |
|--|------------------------------|-----------------------------|
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) | | |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache (in absence of underlying reasons) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes No

3. Do you have a fever?

- Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

- Yes No

If you have answered **YES to any question** you have not passed and **cannot** enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.

Print Member Name / Signature

Date