Camping Health Screening Questionnaire

The safety of our employees, campers, and families remains Peaceful River Campground top priority. As the Coronavirus (COVID-19) outbreak continues to evolve and spread throughout our community, Peaceful River Campground will continue to monitor the situation closely and will periodically update company guidance based on current recommendations from the Federal / Provincial Governments and the NS Health Authority.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and campers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone else in this campground. Thank you for your cooperation.

Seasonal Mobile/Home Phone Number:

Camper's Name:

# o	f campers: Adults Children		
Date of Arrival: Date of Departure:		Site #	
	e answer is "Yes" to any of the following questionally pertains to your family unit that is camping w		
Declaration by Camper			
1.	Have you or any of your family returned from outside of Nova Scotia within the last 14 days? YES NO		
2.	Have you or any of your family had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? YES NO		
3.	Have you or any of your family experienced any cold or flu-like symptoms in the last 14 days (Fever, cough or worsening of a previous cough, sore throat, headache, shortness of breath, muscle aches, sneezing, nasal congestion/runny nose, hoarse voice, diarrhea, unusual fatigue, loss of sense of smell or taste, red, purple or blueish lesions on the feet, toes or fingers without clear cause.)? YES NO		
	behalf of my family, have read, understand, and ocols that are currently in place at Peaceful River	l agree to adhere to the provided list of campground r Campground.	
Seasonal Signature:		Date:	
Acc	ess to Peaceful River Campground (circle one):	Approved Denied	