

COVID-19 Screening Questions

If the person has answered "YES" to any of the following questions, then that person is NOT permitted to proceed with the activity.

Any person who has been denied entry should be encouraged to return home immediately and contact the Saskatchewan Health Line at #8-1-1

* Required

1. Have you or someone within your household tested positive for COVID-19 in the past (14) days? *

Mark only one oval.

No

Yes

2. Have you recently taken a COVID-19 test and are awaiting the results? *

Mark only one oval.

No

Yes

3. Have you or anyone in your household been in contact with someone who has tested positive for COVID 19 or been in contact with someone who is waiting on test results? *

Mark only one oval.

Yes

No

4. Have you or any member of your household travelled outside of Canada in the past (14) days? *

Mark only one oval.

No

Yes

5. Are you or your child experiencing any of the following symptoms?

Check all that apply.

	No	Yes
shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
dry cough	<input type="checkbox"/>	<input type="checkbox"/>
fever	<input type="checkbox"/>	<input type="checkbox"/>
vomiting	<input type="checkbox"/>	<input type="checkbox"/>
unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>
loss of sense of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
sore throat/difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Diarreah	<input type="checkbox"/>	<input type="checkbox"/>

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