

## *Bella Moon Studios Covid-19 Screening Form/Waiver*

As part of our commitment to providing a safe and healthy environment, participants/employees/visitors (or their guardians) are required to complete this daily screening before entering a City facility and participating in a Bella Moon Studios program.

Please answer the following questions on behalf of the Bella Moon Studios participant. EXCEPT for question 5, please answer question 5 as parent/guardian.

Participant's name: \_\_\_\_\_ Location: Brant Hills Community Centre

Parent or Guardian's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you been diagnosed with COVID-19 within the past 14 days? Yes No
2. Have you travelled outside of the country within the past 14 days? Yes No
3. Do you have one or more symptoms of COVID-19 listed below (even mild), or have you had such symptom(s) within the past 14 days? Yes No
  - Fever (temperature of 37.8 C or greater)
  - New or worsening cough
  - Shortness of breath
  - Sore throat
  - Difficulty swallowing
  - Loss of sense of smell or taste
  - Nausea/vomiting, diarrhea, abdominal pain
  - Nasal congestion or runny nose (without other known cause)
  - Fatigue
  - Chills
  - Headache
  - Red eyes
4. If you have symptom(s), have you been tested for COVID-19 and are waiting for test results? Yes No
5. As the parent/caregiver have you been in close contact with anyone who would answer "Yes" to any of the 4 questions listed above? (including showing possible signs of COVID-19) Yes No
6. **Is your answer "Yes" to ANY of the above questions? Yes No**

**STATEMENT:** I hereby certify that the above information is accurate to the best of my knowledge.

Signature \_\_\_\_\_