## PLEASE PRINT & BRING THIS FORM WITH YOU TO BE SIGNED AT THE SHOW

## Nicola Valley Kennel Club COVID-19 Assessment Tool

Daily Screening Questionnaire.

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

The questionnaire only relates to new symptoms or a worsening of symptoms related to allergies, chronic or pre-existing conditions.

Information is collected for the sole purpose of protecting the exhibitors and volunteers and for contact tracing if necessary.

Print Name	Signature	Date
E-mail	Phone #	

## **Risk Assessment: Screening Questions**

1	Do you have any new onset (or worsening) of any of the following symptoms:				
	o Fever (38.0°C or higher) DAILY TEMP	YES	NO		
	o Cough	YES	NO		
	Shortness of breath / difficulty breathing	YES	NO		
	o Runny nose	YES	NO		
	o Sore throat	YES	NO		
	o Chills	YES	NO		
	o Painful swallowing	YES	NO		
	Nasal congestion	YES	NO		
	Feeling unwell / fatigued	YES	NO		
	Nausea / vomiting / diarrhea	YES	NO		
	Unexplained loss of appetite	YES	NO		
	Loss of sense of taste or smell	YES	NO		
	Muscle / joint aches	YES	NO		
	o Headache	YES	NO		
	Conjunctivitis (commonly known as pink eye)	YES	NO		
2	Have you travelled outside of Canada in the last 14 days?	YES	NO		
3	Have you had close contact with a confirmed case of COVID-19 in the last 14 days?	YES	NO		
4	Have you been tested for Covid-19 and are awaiting results?	YES	NO		
5	Have you been advised by BC Health Services that you must self-isolate?	YES	NO		

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 Grounds.

> Advise the exhibitor they must return home and seek medical advice or use the COVID-19 Symptom Self Assessment Tool.