

HEALTH QUESTIONNAIRE

PLEASE ONLY SIGN AND SUBMIT AT **CHECK IN** – YOU WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT RECEIPT OF SIGNED CONFIRMATION.

To follow current BC Health Regulations due to Covid-19 there will be restrictions in place during the event. Please respect the guidelines to ensure we keep everyone safe.

If you have any symptoms DO NOT ATTEND the event.

If you answer yes to any of the below questions, DO NOT ATTEND the event.

1. Do you have any of the following symptoms:

- A fever
- New onset of cough or worsening chronic cough
- A sore throat
- Shortness of breath or difficulty breathing
- New loss or decrease in sense of taste or smell
- Runny nose or nasal congestion
- Sneezing (not allergy related)
- Hoarse voice
- Chills
- Headache
- Unexplained fatigue or malaise
- Difficulty swallowing
- Nausea / vomiting, diarrhea, abdominal pain

2. Have you travelled, or had close contact with anyone who has travelled, internationally within the last 14 days?

3. Have you come into contact with individuals who have a confirmed or presumptive diagnosis of COVID-19.

Any attendees exhibiting symptoms will not be allowed on the grounds.

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I confirm that the answer to questions 1, 2 and 3 above is No. I also confirm that I understand the precautions and accept the risks.

Name

Signed

Date