

Medical Screening

Every person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed to stay at the club if they have not completed the below Questionnaire.

Medical Screening Questionnaire

1. Do you have any of the following **new or worsening** symptoms or signs?

New or worsening cough	Yes	No
Shortness of breath	Yes	No
Sore throat	Yes	No
Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)	Yes	No
Hoarse voice	Yes	No
Difficulty swallowing	Yes	No
New smell or taste disorder(s)	Yes	No
Nausea/vomiting, diarrhea, abdominal pain	Yes	No
Unexplained fatigue/malaise	Yes	No
Chills	Yes	No
Headache	Yes	No

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

Yes

No

3. Do you have a fever?

Yes

No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

Yes

No

If you have answered **YES to any question** you have not passed and **cannot** enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.

Member name

Date

Signature