Symptom Screening

Every person entering the North Vancouver 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.

Symptom 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 within the past 14 days?

❑ Yes ❑ No

If you have answered **YES to any questions** 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 _____