

Medical Screening Questionnaire

- Every person entering the lawn bowling grounds or facilities must complete and sign the questionnaire below on **each** visit.
- No one should visit the club if they have any concerning symptoms or feel unwell.
- Any concerning changes should be reported immediately to enable contact tracing.

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

- | | | |
|---|------------------------------|-----------------------------|
| Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hoarse voice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- Yes No

3. 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.
- If you are attending the club as a potential member please add your contact information.

Print name

Date

Signature