**Covid Screening Questionnaire – Bracebridge Santa Claus Parade**

1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

|  |  |  |
| --- | --- | --- |
| Fever or chills | * Yes | * No |
| Difficulty breathing or shortness of breath | * Yes | * No |
| Cough | * Yes | * No |
| Sore throat, trouble swallowing | * Yes | * No |
| Runny nose/stuffy nose or nasal congestion | * Yes | * No |
| Decrease or loss of smell or taste | * Yes | * No |
| Nausea, vomiting, diarrhea, abdominal pain | * Yes | * No |
| Not feeling well, extreme tiredness, sore muscles | * Yes | * No |

1. Have you travelled outside of Canada in the past 14 days?
   * Yes  No
2. Have you had close contact with a confirmed or probable case of COVID-19?
   * Yes  No

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_Dec 2th 2022

Telephone :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_