**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 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_