**COVID – 19 Screening Questionnaire**

All members, volunteers and exhibitors are required to fill out the below questionnaire

to assist in determining your fitness to trial or show dogs during the COVID-19 pandemic

and to provide a safe environment for everyone.

This information will be used for the purpose of managing access to The Event. If you have

any questions regarding the collection and use of this information, please contact the Show

Chair.

The questionnaire only relates to new symptoms or a worsening of symptoms, not related to

allergies, chronic or pre-existing conditions.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you experiencing any of the following

new or worsening symptoms?

Fever or Chills Cough Sore throat

Difficulty breathing Body Aches Diarrhea Nausea and/or vomiting.

Headache Runny Nose Extreme fatigue or tiredness

Loss of appetite Painful Swallowing Loss of sense of smell or taste

YES NO

2. Have you traveled outside of Canada, within the last 14 days? And if so Proof of Covid Free status

YES NO

3. Have you been identified as having or having close contact with someone with a

COVID-positive test?

YES NO

4. Have you been told to self-isolate by Public Health?

YES NO

5. If an exhibitor answers YES to any question (including having just one symptom in question 1) or refuses to

answer, they have not passed the health check and cannot enter the Official Show Site.