

Covid-19 Screening Questionnaire

As COVID-19 continues to evolve, we are conducting active and daily screening on everyone who has rented, or is participating in sport related use of Town owned facilities to ensure the safety and wellbeing of all.

This questionnaire must be signed and submitted by any persons who desire access to the Town of Midland owned facilities before any use or access is permitted. If you are entering the facility and are under the age of 18, the help of a Parent or Legal Guardian is required.

Please fill out the following questionnaire prior to entering the facility:

1. Do you have a fever?

Yes No

2. Do you have any of the following new or worsening symptoms?

a) New or worsening cough Yes No

b) Shortness of breath or difficulty breathing Yes No

c) Sore throat Yes No

d) Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) Yes No

e) Difficulty swallowing Yes No

f) Decreased sense of or loss of smell or taste Yes No

g) Nausea/vomiting, diarrhea, abdominal pain Yes No

h) Unexplained fatigue/malaise/muscle ache Yes No

i) Chills Yes No

j) Headache Yes No

3. 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

4. Have you been asked to quarantine or had close contact with anyone who has been asked to quarantine in the past 14 days?

Yes No

5. Have you tested positive for COVID-19 or had close contact with a confirmed or suspected case of COVID-19 in the past 14 days?

Yes No

Screening Complete

If you have answered yes or refused to answer any of the above questions, you have failed the COVID-19 screening and will **not be permitted** to enter the facility.

Date (MM/DD/YYYY):

Scheduled Time of Rental:

Name of Organization/Persons Who Booked the Rental:

Participant Name (First and Last): Participant Date of Birth:

Name of Parent or Guardian (If under the age of 18):

Contact Information (Email and/or Phone Number):

Signature (Must be 18 years or older, if not, Parent or Legal Guardian must sign):

By checking this box and typing my name above, I am electronically signing my form.