Date: ________________ Name:____

Date(s) of Visit: ______________________________________

THE SOL SANTE CLUB
COVID-19 SELF-ASSESSMENT QUESTIONNAIRE

Are you currently experiencing any of the following:

- ☐ Feel feverish
- ☐ temperature equal or over 38°C
- ☐ new or worsening cough
- ☐ sore throat or painful swallowing
- ☐ new loss of sense of smell or taste
- ☐ feeling very unwell
- ☐ loss of appetite.
- ☐ gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- ☐ chills
- ☐ fatigue
- ☐ shortness of breath or difficulty breathing
- ☐ stuffy or runny nose
- ☐ headaches
- ☐ muscle or body aches

If you have **not** ticked any of the boxes above, please acknowledge the following:

☐ No Symptoms

In the previous 14 days, have you travelled outside of Canada?

☐ yes ☐ no

In the previous 14 days, have you been exposed to an individual who has been diagnosed with COVID-19 disease?

☐ yes ☐ no

In the previous 14 days have you been advised to self-isolate by Public Health?

☐ yes ☐ no

Do you live or work in an area with a current COVID-19 outbreak?

☐ yes ☐ no

If you answered yes to any of the above, it may be best to delay your visit with the club.

Please consult this website for additional, up to date, information on how to protect yourself and prevent the spread of Covid-19. http://www.bccdc.ca/health-info/diseases-conditions/covid-19

Covid 19 vaccination: Proof of double vaccinations provided to Reservations host

☐ **yes** ☐ **no**

Jul 28, 2021