



Pre-Screening Form—COVID-19

1) Have you travelled outside of Canada in the last 14 days or been in close contact* with someone who has?

- Yes
- No

2) Are you exhibiting any of the following symptoms (Check all that apply):

- Fever
- Cough (new onset or worsening chronic cough)
- Shortness of breath/Difficulty breathing (new onset or worsening)
- Sore Throat/Painful swallowing
- Feeling unwell/fatigued or severe exhaustion
- Chills
- Loss of smell and/or taste
- Runny nose/Nasal congestion
- Headache
- Muscle or joint aches
- Nausea/Vomiting/Diarrhea
- Conjunctivitis (pink eye)
- Unexplained loss of appetite
- None

3) Have you been in close contact* with anyone who is exhibiting any of the symptoms listed above in the past 14 days?

- Yes
- No



4) Have you, or anyone you have been in close contact* with, been diagnosed with COVID-19 in the past 14 days?

Yes

No

If you answered **“Yes”** to any of the above questions, please do not come to the Essentrics class in the park.

If you answered **“No”** to all of the above questions, you may come to the Essentrics class in the park.

“In order to come to the Essentrics class in the park and participate in the class, I confirm that I have answered **“NO”** to all of the above questions. I acknowledge and understand the risks associated with physical activity (in this case Essentrics exercise), including, among other things, injury (including death). I hereby assume all risks connected therewith and consent to participate in Essentrics in the park.”

**A close contact is defined as a person who lived with, or otherwise had close prolonged contact with, another person.*