



COVID-19 SCREENING QUESTIONNAIRE

Every participant attending the in-person training activity must, prior to entering the facility or training area, read these questions and acknowledge that they have NONE of the following symptoms.

If there are any concerns (i.e. if the cadet responds "YES" to any of the questions), the cadet shall be sent home immediately and told to follow up their family doctor.

- 1. Are you experiencing any severe difficulty breathing or severe chest pain? YES NO
- 2. Are you experiencing any mild or moderate shortness of breath or unable to lay down due to being short of breath? YES NO
- 3. Are you experiencing any of the following symptoms?
 - a. New or worsening cough? YES NO
 - b. an increased temperature? YES NO
 - c. Feeling of fever or chills? YES NO
 - d. Experiencing muscle aches? YES NO
 - e. Loss of smell or taste? YES NO
 - f. Feeling unwell? YES NO
 - g. Have/had any upset stomach or diarrhea? YES NO
- 4. Have you travelled outside Ontario or Canada within the last 14 days (including the United States)? YES NO
- 5. In the last 14 days, have you had close contact with a person with symptoms of COVID-19 or who has travelled outside Canada? YES NO

***Close contact means lived with, provided care to, or travelled in a vehicle with.**

Reference: Health Canada COVID-19 Self-assessment – <http://ca.thrive.health>

By signing below, you acknowledge you have read through all questions carefully and have answered honestly and correctly.

Cadet's First & Last Name	Cadet's Signature	Date
Parent's First & Last Name	Parent's Signature	Date