

Every visitor must complete and sign this form EACH time they enter the Stanley Park Lawn Bowling Club grounds



In accordance with Stanley Park Lawn Bowling Club safety guidelines, guided by and in accordance with Public Health Orders and Bowls BC guidelines, this form must be completed and signed each time you participate in a Stanley Park Lawn Bowling Club activity, or attend the Club while activities are taking place. This personal information will be retained for 30 days, and only used in the event that there is a need for contact tracing on the part of the Medical Health Officer.

Medical Screening Questionnaire

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

- Cough YES NO
- Shortness of breath YES NO
- Fever YES NO
- Sore throat YES NO
- Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) YES NO
- Hoarse voice YES NO
- Difficulty swallowing YES NO
- New smell or taste disorder(s) YES NO
- Nausea/vomiting, diarrhea, abdominal pain YES NO
- Unexplained fatigue/malaise YES NO
- Chills YES NO
- Headache YES NO

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

Have you had close contact with anyone with a respiratory illness or a confirmed or probable case of COVID-19 in the past 14 days? YES NO

If you answered YES to any of the questions above, you **cannot enter the Clubhouse, grounds, facilities or participate in activities on the greens**. It is recommended that you contact your medical practitioner or call 811 and discuss the results of this questionnaire.

I am here today as a: BOWLER VOLUNTEER GARDENER OTHER

If 'OTHER' please provide your phone number for contact tracing purposes

I acknowledge that I have read and understand this Questionnaire and agree to the collection and retention of my personal information for the purposes described.

Print Name:

Signature: Date: