Town of PETROLIA

Participant Health Screening – MUST be submitted to gain entry

Participant Name: _____ Date: _____

Participant/Parent Signature: _____ Phone: _____

1.	Do you have new/worsening cough or shortness of breath	Yes	No
2.	Have you travelled outside Canada in the last 14 days	Yes	No
3.	Have you had close unprotected contact with anyone with Acute Respiratory Illness in the past 14 days	Yes	No
4.	Do you have a fever, shakes, chills	Yes	No
5.	Have you had close unprotected contact with a probable or Confirmed case of COVID-19 patient in the past 14 days	Yes	No