

## COVID-19: FIT FOR ACCESS QUESTIONNAIRE

### REGINA LAWN BOWLING CLUB

To prevent the spread of the novel coronavirus (COVID-19) in our community and reduce the risk of exposure within our recreational facilities, each bowler/club member is required to complete this Fit for Access Questionnaire. Bowlers will be required to complete this form daily and prior to entry. Forms shall be submitted to the Safety Officer or their designate and will be maintained.

Date:	Time of Site Entry:
Bowler's Name (First & Last)	Site Location: Regina Lawn Bowling Club
Departure Time:	Safety Officer or Designate: (First & Last Name)

#### Self-Declaration by Club Member

1.	Are you sick or exhibiting any of the following symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Breathing Difficulties <input type="checkbox"/> Flue-like symptoms
2.	Have you travelled outside of Canada in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Country(s): _____ Travel Dates: (Departure): _____ (Return): _____
3.	Has anyone in your household been directed to self-isolate, or identified as a COVID-19 confirmed or suspected case? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	To your knowledge, have you been exposed to anyone else who has been directed to self-isolate or identified as a COVID-19 confirmed or suspected case? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: _____

**Note: If you answered YES to any of the questions, please contact the Club immediately before entering the facility.**

I, \_\_\_\_\_, acknowledge and confirm that I am fit for play and not experiencing any flu-like symptoms and agree to report to the Safety Officer or their designate immediately should my conditions change.

Club Member Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_