



CANOE / KAYAK / RAFT / RESCUE

SCREENING QUESTIONNAIRE

Dear participants, so we can assess our ability to care for the well being of all participants please fill out this questionnaire to determine if you can participate. Thank you for your understanding.

Table with 3 columns: Question ID, Question Text, and YES / NO. Contains 10 screening questions about symptoms and contact history.

If you answered "yes" to any of the following PLEASE DO NOT PARTICIPATE in this course. You will be issued a full refund,

If you have developed any of these symptoms please call 811 or visit https://yukon.ca/covid-19.

If you have answered "no" to all the above questions please sign below.

- Wash your hands frequently with soap and water, scrubbing for at least 20 seconds, or use an alcohol-based hand sanitizer.
Don't touch your face. This is a lot harder than it sounds and requires conscious effort.
Cover coughs and sneezes with the inside of your elbow or upper arm.

Signed this _____ day of _____, _____.