

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.

1	Do you have any of the following symptoms?	YES / NO
	Fever	
	Cough	
	Shortness of breath or difficulty breathing	
	Sore throat	
	Runny nose or congestion	
	Feeling unwell	
	Nausea, vomiting or diarrhea	
	Muscle aches	
	Conjunctivitis	
2	Have you or anyone in your household travelled outside of the Yukon (exluding our bubbled Province/Territory) in the past 14 days.	
3	Have you had contact (within 2 meters) with someone who has a cough of fever?	
4	Have you or anyone in your household been in contact in the last 14 das with someone that is being investigated for or confirmed with COVID-19?	
	Have you or anyone in your household been instructed to self isolate?	

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. The average person touches their face 23timesanhour, and about half of the time, they're touching their mouth, eyes, or no se—them ucosal surfaces that COVID-19 in fects.
- Cover coughs and sneezes with the inside of your elbow or upper arm.

 Ourgoalistominimizetherisktoyou,ourstaffandeveryoneparticipating.Wethankyouforyourcooperationandunderstanding

Signed this	day of	