

Revised: March 19, 2021

Courtenay Lawn Bowling Club
Guidelines for Phase 2 Bowling
Training/Coaching & Player Development 2021 Date Approved: March 19, 2021

APPENDIX C: MULTI-DAY SYMPTOM SCREENING QUESTIONNAIRE FORM 2021

Print Member Name:														
Symptom Screening bring this form with everytime you enter the CLBC facility and show the form to the monitor. Each form follows the weekly booking cycle. The last time you visit the club deposit your completed form the in the tray provided.	everyt last tir	ime you	ou ente I visit 1	er the (CLBC I	facility osit yo	and s	how t	ne forr d form	n to th the in	e mon the tr	itor. E ay pro	ach fo	ш.
ervery person entering the lawn bowling greens/grounds or facilities must complete and sign the below questionnaire EACH time they enter. No person will be allowed o stay at the club if they have not completed the below Questionnaire.	or facilit Question	ies mus inaire.	t comple	ste and s	sign the	below d	uestionn	iaire EA	CH time	they en	iter. No	person	will be a	lowed
Sy	Symptom Screening	m Sc	reenii		Questionnaire	nnair	e 2021	1						
	Mon	L.	Tues	sa	Wed	P	Thurs	rs.	Fri		Sat	at	Sun	_
. Do you have any of the following new or worsening symptoms or signs?	YES	N _O	YES	NO	YES	9	YES	NO	YES	9	YES	N _O	YES	9
New or worsening cough														
Shortness of breath														
Sore throat														
Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such ss seasonal allergies and post nasal drip)														
Hoarse voice														
Difficulty swallowing														
New smell or taste disorder(s)														
Nausea/vomiting, diarrhea, abdominal pain														
Unexplained fatigue/malaise														
Chills														
Headache														
 Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days? 														
3. Do you have a fever?														
. Have you had close contact with anyone with espiratory illness or a confirmed or probable case of CVID-19?														
f you have answered YES to any question you have not passed and cannot enter the club grounds, greens or facilities. It is recommended that you contact your medical practitioner and discuss the results of this questionnaire.	ed and ca	nnot ent	er the clu	b ground	is, greens	s or facilit	ies. It is r	ecomme.	nded tha	t you cor	ntact you	r medica	l practitio	ner
Date:														
Member Signature:														