



COVID-19 Waiver 2021

The safety of all our campers and staff is our priority. In order to help prevent the spread of COVID-19, we ask that you fill out this Screening Questionnaire and send it in with your registration. Camp staff will also review this screening tool with each camper on the day of camps. (**One waiver per child please**)

NAME OF PARENT/GUARDIAN: _____

NAME OF CAMPER: _____

PHONE NUMBER: _____ EMAIL: _____

SCREENING QUESTIONNAIRE

1.	Do you, other members of your household, or your child attending the program, have any of the below symptoms:	CIRCLE ONE	
	➤ Fever >38°C or subjective fever	YES	NO
	➤ Cough	YES	NO
	➤ Sore throat	YES	NO
	➤ Shortness of breath / difficulty breathing	YES	NO
	➤ Runny nose	YES	NO
	*Note: Other symptoms such as muscle aches, fatigue, headache, loss of smell, diarrhea may be present in addition to respiratory symptoms.	YES	NO
2.	Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?	YES	NO
3.	Have you had laboratory exposure while working directly with specimens known to contain COVID-19?	YES	NO
4.	Have you travelled outside Manitoba in the last 14 days, excluding personal travel to border communities?	YES	NO
5.	Have you been in a large group setting in Manitoba in the last 14 days where someone has been confirmed to have COVID19, such as a flight, or a large meeting or event?	YES	NO
6.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with respiratory symptoms?	YES	NO
If the answer is yes to any of the above questions, the person must not enter the facility at this time.			
If the answer is yes to questions 2 to 4, public health officials have directed them to self-isolate for 14 days.			
If the answer is yes to questions 5 and 6, public health officials have directed them to self-isolate for 14 days from the onset of symptoms.			
If the answer is no to all the above questions, parents and children may enter.			

If they are symptomatic [e.g., have respiratory symptoms] refer to Health Links-Info Santé (204-788-8200 or toll-free at 1-888-315-9257) for further direction.

Signature: _____ Date: _____