Off-line Health Check Report

Participant: _____

Date and Time: _____

Screening Conducted by: _____

1. **Have you experienced a fever over 37.8C (100.4F) or greater in the past 10 days?**

   Yes **No**

2. **Have you received a positive COVID-19 test with the past 14 days?**

   Yes **No**

3. **Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?**

   Yes **No**

4. **In the past 14 days, have you experienced any of the following new symptoms not attributed to another health condition? Select all that apply.**

   Cough **Shortness of Breath**

   Sore Throat **Runny Nose**

   None of the Above

5. **In the past 14 days, have you, or someone you have been in contact with, travelled outside Canada or to an area with restrictions due to COVID-19?**

   Yes **No**

Form must be scanned and sent to riskandsafety@crgha.ca within 12 hours.