

COVID-19 Screening Form for First Capital Chorus

Complete at home and email or bring to rehearsal - it is a fillable form

Name : _____

Date: _____ 2022

1. Have you travelled outside of Canada in the last 14 days (circle answer)? **YES or NO**
2. Has someone you are in close contact with tested positive for COVID-19 in the last 14 days? **YES or NO**
3. Are you in close contact with a person who is sick with new respiratory symptoms or who recently traveled outside of Canada? **YES or NO**
4. Do you have a fever? (temperature ≥ 37.8 °C)
T° _____ () **YES or NO**
5. Do you have any of these symptoms* **YES or NO**

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Chills | Headache that is unusual or long-lasting |
| <input type="checkbox"/> New or worsening cough (dry or productive) | Runny or stuffy nose (not related to seasonal allergies or other known causes or conditions) |
| <input type="checkbox"/> Barking cough (croup) | <input type="checkbox"/> Nausea/vomiting/diarrhea/abdominal pain |
| <input type="checkbox"/> Shortness of breath/difficulty breathing | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Unexplained fatigue/malaise |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Falling more than usual |
| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pink eye (conjunctivitis) | |

If you have answered:

NO to all questions – PASS. You may enter and sing with a mask

- YES** to any questions from #1 to #4 – **FAIL.** Put on a surgical mask, go home immediately and self-isolate. You may work from home if appropriate.
 - YES** to **#5 only** – **FAIL.** Go to question #6.
6. Are these symptoms typical for you (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)?
- YES** – Please self-isolate. Contact your doctor for a note confirming that symptoms are typical before returning .
 - NO** – Go home immediately and self-isolate.

Screener Signature: _____ **Singer's Signature:** _____

* [Please abide by all suggested protocols to help keep First Capital Chorus members and guests safe. If you feel unwell please stay home!](#)

For instructions on self-isolation and what to do if you have symptoms, visit www.fraserhealth.ca.