

COVID-19 WAIVER
PLEASE BRING THIS FORM TO THE SHOW WITH YOU AND SIGN IT THERE

Daily Screening Questionnaire:

All members, exhibitors and Show Officials are required to fill out the below questionnaire to assist in determining your fitness to trial or show during the COVID-19 pandemic and to provide a safe environment for everyone.

The personal information collected by this form is obtained under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (Alberta). The information will be used for the purpose of managing access to The Events. If you have any questions regarding the collection and use of this information, please see the Show Superintendent.

The questionnaire only relates to new symptoms or a worsening of symptoms, not related to allergies, chronic or pre-existing conditions.

Name: _____ Phone: _____

Date: _____ Signature: _____

BODY TEMPERATURE:

1. Are you experiencing any of the following new or worsening symptoms? (please circle)

Fever or Chills	Cough	Sore Throat
Difficulty breathing	Body Aches	Diarrhea, Nausea and/or vomiting
Headache	Runny Nose	Extreme fatigue or tiredness
Loss of appetite	Painful Swallowing	Loss of sense of smell or taste

YES

NO

2. Have you traveled outside of Canada, including the United States, within the last 14 days?

YES

NO

3. Have you been identified as having or having close contact with someone with a COVID-positive test?

YES

NO

4. Have you been told to self-isolate by Public Health?

YES

NO

If an attendee answers YES to any question (including having just one symptom in question 1) or refuses to answer, they have not passed the health check and cannot enter the Official Show Grounds. Advise the exhibitor they must return home and seek medical advice or use the COVID-19 Symptom Self-Assessment Tool.