

Health Screening Questionnaire: for those under 18 who are not double vaccinated or essential care givers who are not double vaccinated

This Questionnaire is for Participant (one form per family):

(print) _____ **and their Guardian if under the age of 18**

(print) _____

Date: _____ **Time:** _____

If answer "yes" to any of the following, the person will not be allowed into barn or arenas at this time and should limit their contact with others immediately, self-isolate and call health links for a professional health assessment.

1. Do you or the participant have a new onset (less than 10 days) or worsening of any of the following symptoms: fever/chills, cough, sore throat, shortness of breath, loss of taste or smell, and/or vomiting or diarrhea for more than 24 hrs?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you or the participant have a new onset (less than 10 days) of 1 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis, headache, skin rash of unknown cause, nausea or loss of appetite	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been in close contact with someone in the last 10 days that is confirmed to have COVID-19?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been in a setting in the last 10 days that has been identified as a risk for COVID-19 (i.e. flight or workplace)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you travelled outside Manitoba in the last 10 days?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you travelled outside of Canada in the last 2 weeks?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a member of your household been identified as a close-contact and instructed to self-isolate (quarantine) by public health officials in the past 10 days?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

The participant or parent/guardian acknowledge that these responses are true to the best of their knowledge and recognized that untruthful responses and violation of provincial health regulations can result in fines, tickets, or penalties as the provincial authorities prescribe.

Signed this ____ day of _____ 2022:

Participant or Guardian Signature: _____

Health Screening Questionnaire: for those who are double vaccinated

This Questionnaire is for Participant (one form per family):

(print) _____ and their Guardian if under the age of 18

(print) _____

Date: _____ Time: _____

If answer "yes" to any of the following, the person will not be allowed into barn or arenas at this time and should limit their contact with others immediately, self-isolate and call health links for a professional health assessment.

1. Do you or the participant have a new onset (less than 5 days) or worsening of any of the following symptoms: fever/chills, cough, sore throat, shortness of breath, loss of taste or smell, and/or vomiting or diarrhea for more than 24 hrs?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you or the participant have a new onset (less than 5 days) of 1 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis, headache, skin rash of unknown cause, nausea or loss of appetite	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been in close contact with someone in the last 5 days that is confirmed to have COVID-19?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been in a setting in the last 5 days that has been identified as a risk for COVID-19 (i.e. flight or workplace)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you travelled outside Manitoba in the last 5 days?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you travelled outside of Canada in the last 2 weeks?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has a member of your household been identified as a close-contact and instructed to self-isolate (quarantine) by public health officials in the past 5 days?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

The participant or parent/guardian acknowledge that these responses are true to the best of their knowledge and recognized that untruthful responses and violation of provincial health regulations can result in fines, tickets, or penalties as the provincial authorities prescribe.

Signed this ____ day of _____ 2022:

Participant or Guardian Signature: _____