

Covid-19 Screening Questionnaire (1 per family member)

Name (please print): _____

Date: _____

Please Complete the following questionnaire before checking in at Jackladder

Cabins or RV Park:

1. Do you have any of the following symptoms? (please mark boxes that apply)

- a. Fever
- b. Cough
- c. Sore Throat
- d. Breathing Difficulties

2. Have you travelled outside the province **within the past 14 DAYS** or have you had contact with a person who has travelled outside the province

within the past 14 DAYS?

- a. YES
- b. NO

3. Have you been in close contact* with any person who has a confirmed or probable case of Coronavirus (Covid-19) **within the past 14 DAYS?**

- a. YES
- b. NO

4. Have you been complying with the Public Health State of Emergency Regulations since they have been in place **since March of 2020?**

a. YES

b. NO

5. Have you or has a member of your bubble watched **The Jackladder**

Summer 2020 Tourism Guidelines for Social Distancing Presentation?

a. YES

b. NO (please visit our Facebook.ca page or our website

www.jackladder.ca where you can find more information about our social distancing guidelines)

I (*name, please print*), _____ hereby declare that I have answered this questionnaire truthfully and absolve The Jackladder of any liability in relations to the inherent risks associated with travel during the Covid-19 pandemic.

SIGNATURE: _____

DATE: _____

