GROUP ACTIVITIES PRE-TRIAGE QUESTIONNAIRE

This questionnaire should be used for all participants in multi-day events (e.g. journeys, canoe brigade, retreats, other land-based activities)

SECTION 1	
First name	Last name
Activity	Date of activity
CECTION 2	
SECTION 2	
Do you have one of the following symptoms of COVID-19? (check if any present)	
Fever	Sudden loss of smell or taste
Cough	O Sore throat
Shortness of breath	
Do you have at least two of the following symptoms of COVID-19? (check if any present)	
Muscle pain all over	Earache
Feeling more tired than usual	O Abdominal pain
Major loss of appetite	Nausea or vomiting
Headache	Diarrhea
Runny nose	



SECTION 3

Have you been tested for COVID-19 and are still waiting for results?		
O Yes O No		
In the past 7 days, have you been in close contact ¹ with someone who has a confirmed case of COVID-19?		
O Yes O No		
1 Close contact is when you have had contact for 15 minutes or longer, in close proximity mask, with someone who has tested positive or has COVID-19 symptoms and is waiting	•	
IF A PERSON ANSWERS YES TO ANY SYMPTOMS	S IN SECTION 2	
They should first do a rapid test at home. If it's negaction clinical test. Follow the medical isolation recommen		
MEDICAL SELF-ISOLATION RECOMMENDATIONS		
They should not participate in the event until their onegative after further testing, and their symptoms has been 7 days since their diagnosis and their symptoms.	clear up. Or, if they test positive, it	
IF A PERSON ANSWERS YES TO QUESTION 1 / SE	CTION 3	
They should not participate in the event until they h	nave received their test result.	
IF A PERSON ANSWERS YES TO QUESTION 2 / SE	ECTION 3	
People who are close contacts should respect recorcircumstances.	mmendations for their	
MEDICAL SELF-ISOLATION RECOMMENDATIONS		
Name/signature of person who did pre-triage	Date	

