

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

.....

.....

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
- 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
- Abdominal pain
- Major loss of appetite
- Nausea or vomiting
- Headache
- Diarrhea
- Runny nose

