SVYCC
Salmo Valley Youth & Community Centre

SCREENING QUESTIONNAIRE

Stop! Everyone must fill out this questionnaire prior to admittance into this the SVYCC Program.

Do you have any of the following symptoms		Please check box	
		Yes	**No**
1	Fever		
2	Cough/Sore throat		
3	Shortness of breath/difficulty breathing		
4	Runny nose/nasal congestion		
5	Feeling unwell/fatigued		
6	Vomiting/nausea/diarrhea		
7	Muscle aches		
8	Headache		
9	Loss of smell/taste		
10	Have you or anyone in your household, travelled outside of Canada in the last 14 days?		
11	Have you had contact with someone who is ill with cough or fever?		
12	Has anyone in your household been in contact with someone who is suspected, or confirmed to have, COVID-19 in the past 14 days?		

If you have checked "YES" to any of these questions, attendance at the program is not permitted.

Youth or staff displaying the above symptoms will be required to go home.

Thank you for your honesty.

Name _____ Date _____

Signature _____ ph/email _____