Camping Health Screening Questionnaire

The safety of our employees, campers, and families remains NAME of Campground’s top priority. As the Coronavirus (COVID-19) outbreak continues to evolve and spread throughout our community, NAME of Campground’s will continue to monitor the situation closely and will periodically update company guidance based on current recommendations from the Federal / Provincial Governments and the NS Health Authority.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and campers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone else in this campground. Thank you for your cooperation.

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| --- | --- |
| **Camper’s Name:**  **# of campers: Adults \_\_\_ Children \_\_\_** | **Visitor Mobile/Home Phone Number:** |
| **Date of Arrival:**  **Date of Departure:** | **Site #** |

If the answer is “Yes” to any of the following questions, access to the campground will be denied. \*family pertains to your family unit that is camping with you.

|  |  |
| --- | --- |
| **Declaration by Camper** | |
| 1. | Have you or any of your family returned from outside of Nova Scotia within the last 14 days?  YES \_\_\_ NO \_\_\_ |
| 2. | Have you or any of your family had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?  YES \_\_\_ NO \_\_\_ |
| 3. | Have you or any of your family experienced any cold or flu-like symptoms in the last 14 days  (Fever, cough or worsening of a previous cough, sore throat, headache, shortness of breath, muscle aches, sneezing, nasal congestion/runny nose, hoarse voice, diarrhea, unusual fatigue, loss of sense of smell or taste, red, purple or blueish lesions on the feet, toes or fingers without clear cause.)?  YES \_\_\_ NO \_\_\_ |

I, on behalf of my family, have read, understand, and agree to adhere to the provided list of campground protocols that are currently in place at NAME of Campground’s.

Visitor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access to NAME of Campground’s (circle one): Approved Denied