

## WHISPERING WINDS FAMILY CAMPGROUND

### COVID-19 HEALTH ASSESSMENT QUESTIONNAIRE

To Prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and campers – Please complete the following questionnaire

<b>Name:</b>	<b>Number of Campers travelling with you</b>
<b>Check In Date</b>	<b>Check Out Date</b>

Please complete the following questions honestly and accurately by selecting “YES” or “NO”

\*\*Family pertains to the family unit that is camping with you

<b>QUESTIONS</b>	<b>YES</b>	<b>NO</b>
Have you or any member of your ** family travelled outside of Canada or Nova Scotia in the last 14 days or been in close contact with someone who has?		
Have you or any member of your **family had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Are you experiencing the signs/symptoms of COVID-19 (shortness of breath, cough, sore throat, fever, headache, diarrhea muscles aches, nasal congestion/runny nose, hoarse voice, unusual fatigue, loss of sense of smell or taste, red/purple or blueish lesions on the feet toes or fingers?)		
Have you been in contact with a person showing the symptoms of COVID-19 with in the past 14 days?		

I, on behalf of myself and my \*\*family, have completed this form honestly and read, understand and agree to adhere to the provided list of campground protocols that are currently in place at Whispering Winds Campground

I hereby acknowledge the above information to be true. Signature:
--