

## **COVID-19 Self Assessment**

Date:		
Date.		
Have you travelled outside of Canada in the last 14 days?	Yes	No
In the last 14 days, have you been in close contact with a person	who is either	:
Returned form outside Canada jn the last 14 days?	Yes	No
Is currently sick with a cough, fever, or difficulty breathing?	Yes	No
In the last 14 days, have you been in contact with with someone who has tested positive for COVID-19?	Yes	No
Are you in any of the following high risk groups? (please check those which apply)	Yes	No
Receiving treatment that weekend your immune system (Chemotherapy, medications, corticosteroids, TNF inhibited Have a condition which compromises your immune system (lupus, rheumatoid arthritis, other autoimmune disorder) Have any chronic health conditions (ex - emphysema, astheart condition)  Ongoing visits to a hospital or heath care setting for treatmetry, cancer treatment, dialysis)	m hma,	
Are you currently experiencing any of the following:	Yes	No
severe difficulty breathing (struggling for each breath can only speak in single words) Severe chest pain (tightness is chest, crushing feeling) Feeling confused or unsure of where you are Losing Consciousness  IF YES TO ANY OF THE ABOVE PLEASE CALL 911		
Are you currently experiencing any of these symptoms?	Yes	No
	ng lasting hea not sport relat	

If you have answered "YES" to any of the above questions, please do not come to or enter the studio.