

## COVID-19 Picket Line and Event Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure for all, we are conducting a simple screening questionnaire. It is important to help us take precautionary measures to protect you and everyone at this event. Thank you for your time.

Participant's name:	Phone number:	Email address:
Event:	Name CUPE host:	Today's date:

<b>1.</b>	<b>Do you have any of the following symptoms:</b>		
	▪ Fever (greater than 38.°C)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Shortness of Breath / Difficulty Breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Runny Nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Loss of taste or smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Difficulty swallowing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Vomiting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Diarrhea	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2.</b>	<b>Have you, or anyone in your household:</b>		
	▪ Travelled outside of Canada in the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	▪ Been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3.	Are you currently being investigated as a suspect case of COVID-19?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you tested positive for COVID-19 within the last 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Are you generally feeling unwell at all?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer is “yes” to any of the questions, you are not permitted to participate in the event.

<b>CUPE COVID-19 PROTOCOLS</b>
<b>I will follow all COVID-19 protocols posted in the office or at the event</b>
<b>I will wear a mask at all times while in this office or at the event</b>
<b>I will maintain a proper physical distance from others at all times</b>

**Self-Declaration by participant**

<b>All the information I provided is true and I agree to abide by all CUPE’s COVID-19 protocols</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**RETURN TO YOUR  
EVENT ORGANIZER**