BRACEBRIDGE
The Heart of Muskoka

COVID-19 Self Assessment

To help mitigate the risk of COVID-19 transfer, we ask all program participants and staff to complete this assessment prior to participating in a program or starting their workday with the Bracebridge Recreation Department.

Check Yes or No to the following statements.

YES	NO	Are you or anyone in your household currently experiencing:
☐	☐	Fever (temperature above 37.8^0C)
☐	☐	Chills
☐	☐	Cough that is new or worsening
☐	☐	Barking cough, making a whistling noise when breathing
☐	☐	Shortness of Breath
☐	☐	Sore throat
☐	☐	Difficulty swallowing
☐	☐	Runny Nose
☐	☐	Stuffy or congested nose
☐	☐	Loss of taste or smell
☐	☐	Pink eye
☐	☐	Headache that's unusual or long lasting
☐	☐	Digestive Issues (nausea/vomiting/diarrhea/stomach pain)
☐	☐	Muscle Aches
☐	☐	Extreme tiredness/lack of energy
☐	☐	Falling Down
☐	☐	Lack of appetite
☐	☐	In the last 14 days have you been in close contact with someone who has tested positive for COVID-19
☐	☐	In the last 14 days have you been in close contact with someone who is currently sick with a new or worsening cough, difficulty breathing or fever or returned to Canada within the prior 2 weeks
☐	☐	Have you travelled outside Canada in the past 14 days

If you answered "Yes", to one or more questions, please remain at home and self isolate 14 days, contact your doctor and/or head to a COVID-19 assessment center to be tested.

If you answered "No" to all questions, please be cautious and maintain appropriate social distancing while attending programs.