



PLEASE RETURN TO:

CONFEDERATION CENTRE OF THE ARTS

Attn: Kayla Shaw

145 Richmond Street, Charlottetown, PE C1A 1J1

Phone: (902) 628.6128

Email: performingarts@confederationcentre.com

1. Does your child, or anyone in your household, have any of the following symptoms?

(indicate Yes or NO for each symptom listed below):

YES

NO

New or worsening cough

Shortness of breath or difficulty breathing

Fever

Chills

Sore throat

Runny nose, sneezing, congestion

Headache

Muscle aches

Unusual fatigue

Acute loss of sense of smell or taste

Other (includes symptoms not listed above)

2. Is there anyone in your home that is required to self-isolate?

3. Have you, or anyone in your household, been in contact in the last 14 days with a person confirmed to be a case of COVID-19?

4. Have you, or anyone in your household, been in contact in the last 14 days with a person under investigation to be a case of COVID-19?

**If YES, please describe the nature of their investigation (ex: presenting with symptoms, contact-traced, etc.):

If you have answered YES to any of the above questions, DO NOT enter at this time.

If you have answered NO to all of the above questions, please sign in and practice hand hygiene (wash hands for at least 20 seconds, or use hand sanitizer) before and after your visit.

NAME OF SCREENED INDIVIDUAL:

NAME OF PARENT / GUARDIAN:

SIGNATURE

DATE