

Turn N Burn Covid Screener

Do you have any of the following:

Yes
No



Fever

Yes
No



Cough

Yes
No



Difficulty breathing

Yes
No



**Sore throat,
trouble swallowing**

Yes
No



Runny nose

Yes
No



**Loss of taste or
smell**

Yes
No



Not feeling well

Yes
No



**Nausea, vomiting,
diarrhea**

Yes
No

Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?

Yes
No

Have you returned from travel outside Canada in the past 14 days?

If you answer **yes** to any of the following questions you will not be permitted to enter the show grounds. If you answer **NO** to all the questions you are permitted BUT with a completed screener for each individual.

NO EXCEPTIONS

NAME _____ PHONE _____

ADDRESS _____ COMPETING? yes no