



## COVID-19 Questionnaire

At The Bobby Allen Skills Academy your safety and well-being is our top priority. In an effort to prevent spread and reduce the risk of exposure to our athletes, we are asking everyone to complete this questionnaire.

<b>Name:</b>	<b>Session:</b>
<b>Date:</b>	

<b>Self-Declaration</b>	
<b>1</b>	Have you returned from any international travel outside of Canada within the last 14 days?  No
<b>2</b>	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?  No
<b>3</b>	Have you been in close contact with anyone who has travelled outside of Canada within the last 14 days?  No
<b>4</b>	Have you experienced cold or flu-like symptoms in the last 14 days (including fever, cough, sore throat, respiratory illness, difficulty breathing)?  No

I confirm that all information disclosed in this questionnaire to be true. I acknowledge that I am responsible for informing The Bobby Allen Skills Academy should any responses change to maintain a safe working environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_