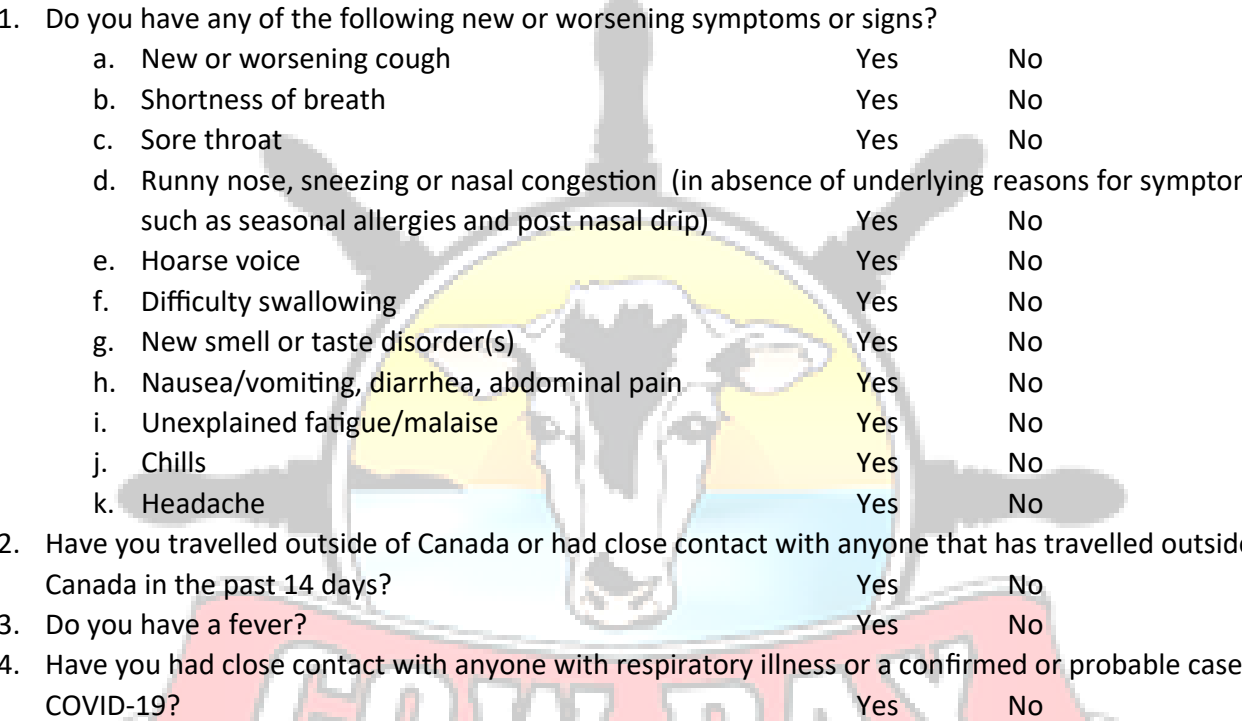


BCCDC Screening Questionnaire (to be performed for each client and guest)

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1. Do you have any of the following new or worsening symptoms or signs?
 - a. New or worsening cough Yes No
 - b. Shortness of breath Yes No
 - c. Sore throat Yes No
 - d. Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) Yes No
 - e. Hoarse voice Yes No
 - f. Difficulty swallowing Yes No
 - g. New smell or taste disorder(s) Yes No
 - h. Nausea/vomiting, diarrhea, abdominal pain Yes No
 - i. Unexplained fatigue/malaise Yes No
 - j. Chills Yes No
 - k. Headache Yes No
 2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days? Yes No
 3. Do you have a fever? Yes No
 4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19? Yes No

If any client or guest answers yes to any of the above questions they must contact 8-1-1 and follow the directions of the health directions provided. Until we have this information they are not permitted to use Cow Bay Marina. And if they are a new arrival they are turned away and required to find other safe options, and are recommended to anchor until they have received instructions from local or provincial health authorities.