



BURNABY STRIDERS TRACK & FIELD CLUB

Athlete Check – In COVID-19 Pre-Screening Questionnaire

If you answer “YES” to any of the following, you will not be permitted to train and will be ask to return home.

- Do you currently have a fever, cough, sore throat, runny nose, congestion or shortness of breath?
- Have you traveled internationally within the last 14 days?
- How you been in contact with individuals who have been diagnosed with COVID-19?

Name	Yes	No	Comments
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date: