

MASTER BOWLERS' ASSOCIATION OF ALBERTA

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DECLARATION/QUESTIONNAIRE

The Master Bowlers Association of Alberta requires that the disclosure of exposure or illness is in order to safeguard the health and safety of its members and limit the further outbreak of COVID-19. This Declaration/Questionnaire will be kept confidential and personal information will not be disclosed unless as required by law or with your consent.

Printed name: ______ Signature: _____

Date:		
Do you have any of the following symptoms?	YES	NO
Fever		
New onset of (or worsening of chronic) cough		
Shortness of breath or difficulty breathing		
Chills or muscle aches and pains		
Sore throat or trouble swallowing		
Have you been out of Canada in the past 14 days		
Have you had close contact with a confirmed or probable case of COVID-19 in the		
last 14 days		
Have you been out of Alberta, but within Canada, in the past 14 days		
Have you had NON-close contact with a confirmed or probable case of COVID-19		
Have you attended a mass gathering of more than 50 people		

***Please note that if you have answered yes to any of the above questions, the Master Bowlers Association of Alberta reserves the right to deny entry or participation.

Have you lived in, visited, or worked in a community or facility deemed an area of

concern for COVID-19