

PPSD WELLNESS SCREENING QUESTIONNAIRE

Anyone wishing to enter the premises must read through & complete the following questionnaire (you are not required to print & submit).

Any patron who answers 'yes' to the questions below, will not be permitted to enter the facility.

1.	Do you have any of the following symptoms?		
	• Fever (greater than 38.0C)	YES	NO
	• Chills, Muscle Aches	YES	NO
	• Cough	YES	NO
	• Shortness of Breath/Difficulty Breathing	YES	NO
	• Sore Throat and Painful Swallowing	YES	NO
	• Stuffy or Runny Nose	YES	NO
	• New loss of smell or taste	YES	NO
	• Headache	YES	NO
	• Diarrhea, Abdominal Pain	YES	NO
	• Fatigue, Dizziness or Confusion	YES	NO
	• Loss of Appetite, Nausea or Vomiting	YES	NO
	• Conjunctivitis (pink eye)	YES	NO
	• Skin rashes or discoloration of fingers or toes	YES	NO
2.	Are you, or anyone you are living with, either sick, self-isolating, or quarantined?	YES	NO

It is recommended that anyone with symptoms of COVID-19 call 8-1-1 for guidance

