

# MultiSport Canada

2 → What is your full name?

To keep you informed in the event a COVID-19 positive case is detected in our premises.

Type your answer here...

---

3 → What is your phone number?

To keep you informed in the event a COVID-19 positive case is detected in our premises.

Phone Number

 +1

---

4 → In the last 2 weeks, have you experienced any of these symptoms?

Fever, cough, runny nose, sore throat, loss of taste or smell, nausea, vomiting, pink eye, diarrhea, muscle aches, not feeling well, difficulty breathing or shortness of breath.

Yes

No

5 → Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series), select "No."

If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

Yes

No

6 → In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?

If you are fully vaccinated or otherwise exempt, answer "NO".

Yes

No

7 → In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

If public health has advised you that you do not need to self-isolate (for example, you are fully vaccinated or for another reason), select “No.”

Yes

No

8 → In the last 14 days, has anyone you live with:

travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?

or

been identified as a “close contact” of someone who currently has COVID-19 and been told to self-isolate by a doctor, healthcare provider, or public health unit?

If you are fully vaccinated, select “No.”

Yes

No

9 → Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

This can be because of an outbreak or contact tracing.

Yes

No

10 → In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?

If you have since tested negative on a lab-based PCR test, select “No.”

Yes

No

11 → In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series), select “No.”

If you already went for a test and got a negative result, select “No.”

Yes

No