



Name: _____

Date: _____

Have you had experienced any of the following symptoms within the last 14 days? Check all that apply.

- Fever
- Shortness of breath
- Cough
- Other: _____
- No symptoms

Have you or anyone in your household visited an area with ongoing community spread of COVID-19?

- No
- Yes Location: _____

Has anyone in your household been sick, or experienced symptoms of COVID-19 in the last 14 days?

- No
- Yes

Comments: _____

Time: _____

Supervisor: _____

Have you or anyone in your household left the country in the last 14 days?

- No
- Yes Location: _____

DECLARATION

I hereby declare that this information is accurate and true to the best of my knowledge, and that I am responsible for reporting any changes to Sandpiper Resort Management immediately
GM@SANDPIPERRESORT.CA

Signature