

## COVID SCREENING FORM

*To prevent the spread of COVID-19 and reduce the potential risk of exposure, we are asking all HWM visitors to complete the following questionnaire.*

**Please note:**

- Visitors are required to review the questionnaire, and return a signed copy to the marina office before entering the storage facilities.
- The questions below must be self-assessed prior to each visit to the storage facilities.
- If any of the following screening questions cannot be answered with a definitive “No”, then **DO NOT ENTER OUR STORAGE FACILITIES.**

1. Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

2. Have you travelled outside of Canada in the past 14 days?

3. Have you had close contact with a confirmed or probable case of COVID-19?

By signing below, you acknowledge that you have read and understood the information above and will abide by the rules and restrictions outlined by the marina. This includes normal storage facility rules as well as COVID-19 preventative measures. For more information, please contact the marina office at 905-525-3622 or at [info@harbourwest.ca](mailto:info@harbourwest.ca)

**Customer Name:** \_\_\_\_\_

**Vessel Name / Model:** \_\_\_\_\_

**Signature:** \_\_\_\_\_