

St. Catharines Flying Club COVID-19 Screening Form

This form should be completed before arriving at the airport. Please have it ready for when a member of our staff screens you at the main entrance. To protect our staff, our customers, and yourself, we will confirm your responses when you arrive, as well as take your temperature. You are required to answer all questions and are prohibited from providing answers that you know to be false or misleading.

TO BE COMPLETED BY THE CUSTOMER

Full Name (as it appears on your ID): _____

Address: _____ Phone Number: _____

Date Form Was Completed: _____ Date of flight or lesson: _____

A. Do you have any of the following (circle **YES** or **NO**):

Fever.....	YES	NO	Unusual level of fatigue (tiredness).....	YES	NO
Cough.....	YES	NO	Unusual headache.....	YES	NO
Breathing difficulties.....	YES	NO	Nausea / Vomiting / Diarrhea.....	YES	NO
Shortness of breath.....	YES	NO	Loss of smell.....	YES	NO
Sore throat.....	YES	NO	Feeling unwell for an unknown reason.....	YES	NO
Runny nose or congestion.....	YES	NO			

B. Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?..... **YES** **NO**

C. Have you been refused boarding in the past 14 days due to a medical reason related to COVID-19?..... **YES** **NO**

D. Are you the subject of a mandatory quarantine order as a result of recent travel or as a result of an order issued by a provincial or local public health authority?..... **YES** **NO**

E. Have you returned from travel outside Canada in the past 14 days?..... **YES** **NO**

If you answered **YES** to any of these questions, you will need to reschedule your appointment. Please call Dispatch at CYSN 905-684-9447 or CNQ3 905-788-1359, and we will happily assist you. No cancellation charges will apply.

The St. Catharines Flying Club has taken safety measures to reduce the likelihood of contracting COVID-19, though no measure is 100% certain. I agree that I will follow all staff instructions, practice physical distancing at all times, and wear my face mask when on the premises. I will not hold St. Catharines Flying Club responsible for any potential COVID-19 exposure.

Signature: _____ Date: _____

TO BE COMPLETED BY SCFC AT THE TIME OF ENTRY

Date I Time: _____ Screened By: _____

Customer Has A Face Mask **YES** **NO** Has Customer Answered YES to any Question **YES** **NO**

Ask and Note Answer: "Do you have a fever, cough, breathing difficulties or flu-like symptoms?" **YES** **NO**

Screeener Has Confirmed Customer Responses to Screening Questions **YES** **NO**

Take Customer's Temperature (note): _____