

# TERMINAL CITY CLUB

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## Daily Member Health Declaration

To be completed for *each visit* to the Club, by *each individual* in any party. This Health Declaration is based on the BC Ministry of Health's COVID-19 Symptom Self-Assessment Tool.

The Club is relying on information provided by Members to help protect the health and safety of all those present at the Club. Your candor and cooperation are expected and appreciated. *False statements may result in legal liability and/or disciplinary action against a Member.*

All fields are required. Please initial the relevant answer.

Date of visit: \_\_\_\_\_

Are you experiencing cold, flu or any COVID-19 symptoms, even mild ones? Have you experienced any of the following in the past 36 hours?

Yes                      No

**Symptoms may include** fever, chills, cough, diarrhea, nausea, vomiting, abdominal pain, chills, conjunctivitis, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell and taste, headache, muscle and body aches, fatigue, weakness, or loss of appetite

\_\_\_\_\_

**Additional symptoms** include difficulty breathing, severe chest pain, having a hard time waking up, feeling confused, losing consciousness, mild to moderate shortness of breath, inability to lie down because of difficulty breathing, or chronic health conditions that you are having difficulty managing because of difficulty breathing

Yes                      No

Have you travelled to any countries outside Canada (including the United States) within the last 14 days?

\_\_\_\_\_

Yes                      No

Have you travelled to any provinces outside British Columbia within the last 14 days?

\_\_\_\_\_

Yes                      No

Have you provided care to or had close contact (within 2 meters) with a person with confirmed COVID-19?

\_\_\_\_\_

Yes                      No

Have you been advised to self-isolate by a doctor or public health authority, for any reason?

\_\_\_\_\_

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The Club cautions all Members that COVID-19 can be transmitted by asymptomatic individuals. Declarations of Members and staff do not provide certainty that Members and staff have not been infected, or that COVID-19 will not be transmitted by Members or staff. Attending Club premises and interacting with Members and staff involves risk of infection. Before choosing to attend the Club, each Member must assess such risk for themselves and consult with their doctor where appropriate. Parents and legal guardians must also make informed and responsible decisions in consideration of the risks faced by the children in their care.

I hereby understand that any false declaration made in this form, or any failure to follow the procedures and rules established and posted by the Club for the purpose of maintaining physical distancing and the well-being of other Members and staff, may result in disciplinary action under the Club's Code of Conduct Policy. This could include discipline, reprimand, suspension or expulsion as authorized in the Club's By-laws.

First & Last Name (please print): \_\_\_\_\_

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

If completing this Health Declaration for a child (required for guests 18 years of age and younger)

First & Last Name of Child (please print): \_\_\_\_\_