



COVID-19 Screening

Please complete the following questions before arrival.

Participant Name: _____ Temperature: _____

Participant phone & email: _____ Time: _____

Parent phone & email: _____ Date: _____

Do you have any of the following new or worsening symptoms?



Yes

No

Fever* and/or Chills



Yes

No

Cough



Yes

No

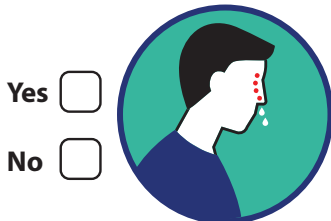
**Difficulty breathing/
Shortness of breath**



Yes

No

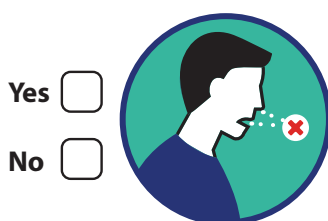
**Sore throat/
Difficulty swallowing**



Yes

No

**Runny nose
(unrelated to
seasonal allergies)**



Yes

No

**Loss of taste
or smell**



Yes

No

**Not feeling well,
headache, unexplained
tiredness and muscle aches**



Yes

No

**Nausea, vomiting,
diarrhea,
abdominal pain**



Yes

No

In the last 14 days, have you had close physical contact** with a person who:

- was sick with a respiratory illness (had a new or worsening cough, fever or difficulty breathing)?
- has returned from travel outside of Canada in the last 14 days?
- was a confirmed or probable case of COVID-19?



Yes

No

In the last 14 days, have you travelled outside of Canada?



If you answered **YES** to any of these questions, **please return home and self-isolate**. Visit [OttawaPublicHealth.ca/COVIDCentre](https://ottawapublichealth.ca/COVIDCentre) for more information about getting tested.

If you are feeling unwell, contact your health care provider or call **Telehealth Ontario** at **1-866-797-0000** to speak to a registered nurse.

* A fever is a temperature of 37.8 degrees Celsius or higher

** Close physical contact means sharing the same home, classroom or being less than 2m away in the same area



**COVID-19 NOTICE OF RISK AND
RELEASE, DECLARATION AND UNDERTAKING**

Notice of Risk

(adapted from Ottawa Public Health – COVID-19 Guidance for Camps)

When participants from multiple families attend a Bytown Brigantine Inc. (BBI) work session or an in-person component of a Bytown Brigantine Academy (BBA) program, there is an increased risk of exposure to the COVID-19 virus. Children who are infected with the COVID-19 virus are more likely than adults to have very mild infections or display no symptoms at all, but these children can still transmit the infection to other children and to adults participating in the work party or program. This means that participants can bring home an infection acquired in a BBI work session or BBA program and put other persons at risk. While the screening process can help to detect infections when symptoms are present, it cannot detect infected participants who do not have symptoms at the time of screening.

Release, Declaration and Undertaking:

By my signature:

• **I hereby confirm that:**

- I am aware of, and I accept, that the risks for transmission of the COVID-19 virus may be mitigated with precautionary measures but that the risk for transmission of COVID-19 cannot be eliminated from a BBI work session and/or from an in-person component of a BBA program;
- I hereby release, acquit, discharge and agree to hold harmless Bytown Brigantine Academy and Bytown Brigantine Inc. (its board of directors, agents, employees and staff), S.V. Black Jack Holdings Inc., S.V. Fair Jeanne Holdings Inc., Metcalfe Realty Company Limited, Fuller Marine Services, Simon Arthur Farrell Fuller, Lynn Elizabeth Welch Fuller, and Britannia Yacht Club Inc., their heirs, executors, administrators, successors and assigns of and from any and all actions, causes of actions, claims, demands and costs whatsoever, arising from the COVID-19 virus; and,
- The answers to the screening questions I have provided are true, accurate and complete.

• **I understand and acknowledge that:**

- the BBI screening questionnaire is not intended to provide medical advice and cannot be relied upon as medical advice.
- I must complete and submit a questionnaire on behalf of myself and/or my child at the beginning of EVERY DAY of attendance and/or participation in a BBI work session or BBA program;
- I must follow the BBI screening and COVID-19 protocols or risk myself and/or my child being excluded or dismissed from the program with no reimbursement of fees paid;
- I must report any symptoms or medical concerns pertaining to myself and/or my child that may affect other participants directly to the Executive Director by email: executivedirector@tallshipsadventure.org or call cell: 613-223-6367; and that,
- falsifying any of the answers to the screening questions or failing to fulfill any of the above undertakings may result in civil or regulatory consequences.

Participant Name	Participant Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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