Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL HISTORY:

1. Have you traveled outside of the province within the past 14 days? 🞏 Yes 🞏 No

If you answered yes to the Question 1, please answer the following questions as they relate to travel:

1. Date of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Purpose of the Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potential Exposure:

Please answer the following questions as they relate to your potential exposure to COVID-19.

1. Have you been in close contact, working with, or living with someone with a known or suspected case of COVID-19? 🞏 Yes 🞏 No
2. Have you or anyone you work with or living with been tested for COVID-19? 🞏 Yes 🞏 No
3. Have you been in contact with sick people with symptoms of fever, cough, or difficulty breathing?

🞏 Yes 🞏 No

1. Do you have any of the following symptoms:

|  |  |
| --- | --- |
| **Symptom** | **Yes or No** |
| Feverish (Chills, Sweats) | 🞏 Yes 🞏 No |
| New or Worsening Cough | 🞏 Yes 🞏 No |
| Shortness of Breath or Difficulty Breathing | 🞏 Yes 🞏 No |
| Runny Nose or Nasal Congestion | 🞏 Yes 🞏 No |
| Sore Throat | 🞏 Yes 🞏 No |
| Headache | 🞏 Yes 🞏 No |

Testing for COVID-19 is considered on a case-by-case basis in consultation with local health departments.

<< FARM NAME >> reserves the right to restrict entry to the farm for any individuals it feels present a risk of infection.

Entry will not be permissible without documentation indicating an absence of infection from an appropriate health care provider, if an individual has tested positive and recovered.

Reference: <https://www.who.int/> and <https://www.cdc.gov/>