



## GWSA TRIP INFORMATION – Bring this completed sheet with you.

Accidents and illnesses happen all too often, and as we age the possibilities can increase. When you take a GWSA trip it's important we are able to provide a safe environment for you, our friends. That's why it's important that you bring certain things with you on these trips. This is your private information and you won't need to give it to us. However, if you need medical assistance during the trip it will be important to have this information available to give to medical personnel.

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

1) Proper Identification i.e. driver's license, passport

2) The name and phone number of an emergency contact who's not on the trip with you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Your OHIP Card

4) Your Family Doctor's Name and Phone number

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5) A list of known major health issues:

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6) A list of all medications you take

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

7) A list of any/all allergies particularly regarding food or medication that may cause you to have a life-threatening reaction.

Allergies: \_\_\_\_\_

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8) Your emergency medical equipment i.e. epi-pen

It's also important for you to know that if you experience a major health issue or accident on a trip we are obliged to contact a health professional such as an EMT or ambulance for an assessment. This is a liability issue for the GWSA.



## GWSA COVID-19 Screening Questions

NOTE: THIS SHEET IS TO BE COMPLETED THE MORNING OF THE TRIP

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

**1. Are you currently experiencing one or more of the symptoms below that are new or worsening?**

Symptoms should not be chronic or related to other known causes or conditions.

YES  NO

<b>Fever and/or chills</b>	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
<b>Cough or barking cough (croup)</b>	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
<b>Shortness of breath</b>	Not related to asthma or other known causes or conditions you already have
<b>Decrease or loss of smell or taste</b>	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
<b>(For adults &gt; 18 years or older) Fatigue, lethargy, malaise and/or myalgias</b>	Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) <i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i>

**2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine?**

YES  NO

**3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?** This can be because of an outbreak or contact tracing.

YES  NO

**4. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19?**

If public health has advised you that you do not need to self-isolate (e.g., you are fully immunized\* or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No."

YES  NO

**5. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?**

If you have already gone for a test and got a negative result, select "No."

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

YES  NO

**6. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?**

If you have since tested negative on a lab-based PCR test, select "No."

YES  NO

**7. In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements) in the last 14 days?**

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

YES  NO

**8. In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate in the last 10 days?**

If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

YES  NO

**9. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?** If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hrs. and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No." If you are fully vaccinated or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."

YES  NO

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

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

**Results of Screening Questions:**

- If the patron answered **NO to all questions from 1 through 9**, they can enter the business or organization. In the business or organization, the patron must continue to follow all public health measures, including masking, maintaining physical distance and hand hygiene, where applicable.
- If the patron answered **YES to any questions from 1 through 9**, they should not be permitted to enter the business or organization (including any outdoor or partially outdoor business or facility). They should be advised to go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test.
- If the patron answered **YES to question 9**, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
- If any of the answers to these screening questions change during the day, this screening result is no longer valid and the patron may need to screen again, wherever necessary.
- Any record created as part of patron screening may only be disclosed as required by law.