vancouver FRINGE festival · 2020
sep. 10 - 20 | oct. 1 - 10
oct. 29 - nov. 8 | nov. 26 - dec. 6

HEALTH SCREENING QUESTIONNAIRE

Do you have any of the following:

Fever	Chills	New or Worsening Cough
Shortness of breath	Sore throat	New muscle aches or headache

Have you travelled outside of Canada in the last 14 days? Yes No

Are you a close contact of a person who has tested positive for COVID-19? Yes No

SIGNATURE*: ______________________________

**By using my electronic signature, I agree that my electronic signature has the same force and effect as my original handwritten signature would have*

NAME (print): ______________________________

E-Mail/Telephone: ______________________________

ATTENDANCE DATE:_______________ ATTENDANCE TIME: _______________

VENUE:_______________ DATE SIGNED:_______________

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