FIREARMS SAFETY EDUCATION SERVICE OF ONTARIO
ADMINISTRATION OFFICE
3 Progress Dr. Unit 2,
Orillia, ON L3V 0T7
Admin Phone: 1-877-322-2345
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PARTICIPANT SELF-SCREENING CHECKLIST

To help prevent the spread of COVID-19 and reduce the potential risk of exposure to the CFSC/CRFSC participants and instructor(s), we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone attending the course.

Thank you for your time and cooperation.

Contact information: **Date:** _____

Name: _____ **Mobile Number:** _____

Email Address: _____

Have you experienced a new onset of one or more of the following symptoms?

New or worsening cough	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Runny nose or sneezing	☐ Yes	☐ No
Nasal congeston	☐ Yes	☐ No
Hoarse voice	☐ Yes	☐ No
Difculty swallowing	☐ Yes	☐ No
New smell or taste disorder(s)	☐ Yes	☐ No
Nausea/vomitng, diarrhea, abdominal pain	☐ Yes	☐ No
Unexplained fatgue/malaise	☐ Yes	☐ No
Chills	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Fever (37.8 °C or higher)	☐ Yes	☐ No

Have you been in close contact with someone with COVID-19? ☐ Yes ☐ No

Have you been notified that you were in a high risk setting for COVID-19 in the past 14 days? ☐ Yes ☐ No

Have you travelled outside Canada within the last 14 days? ☐ Yes ☐ No

If you have any questions or concerns regarding any of the above screening questions, please contact your instructor directly.

Anyone making false or misleading statements with respect to the above questions will be removed from the course immediately without refund.

If answering Yes to any question, please call Don at 416-972-5444 prior to attending any class.

Please send this completed form to cdnfirearmscourses@gmail.com
Bring a completed hard copy when you attend your course date.