



COVID 19 Screening

Name: _____

Signature: _____

Date: _____

Time: _____

Phone #: _____

Please fill out for all family members travelling with you today

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

In the last 14 days have you

yes no Been Diagnosed with Covid 19

yes no Experienced Fever Shortness of breath, sore throat, cough

yes no Returned to Canada from outside the country

yes no Been in contact with someone that has tested positive for Covid 19

yes no Been in contact with anyone that has been out of the country

www.niagarabarrelracingclub.ca

Tel | 1-905-481-4413

Email | nbrcentries@jregroup.com