

Niagara Skydive Centre Inc. COVID-19 Screening Form

This form should be completed **before** arriving at the dropzone. Please bring it with you, and have it ready for when a member of our team screens you at the main entrance. To protect our team, our customers, and yourself, we will confirm your responses when you arrive, as well as take your temperature. We greatly appreciate your patience and cooperation!

Full Name (as it appears on your Driving Licence): _____

Address: _____ Phone Number: _____

Date Form Was Completed: _____ Date of Skydive: _____

Before answering the following questions, you are advised that providing a false or misleading answer could result in a maximum fine of \$5,000 (TC Interim Order 2020 No. 7).

A. Do you have any of the following (circle):

- | | | | | | |
|----------------------------------|-----|----|-----------------------------------|-----|----|
| 1. Fever / Chills | YES | NO | 7. Unusual Level of Fatigue | YES | NO |
| 2. New, or Worsening Cough..... | YES | NO | 8. Unusual Headache..... | YES | NO |
| 3. Difficulty Breathing..... | YES | NO | 9. Nausea, Vomiting, Diarrhea, | | |
| 4. Shortness of Breath..... | YES | NO | or a Loss of Appetite | YES | NO |
| 5. Sore Throat..... | YES | NO | 10. Loss of Smell..... | YES | NO |
| 6. Runny or Congested Nose | YES | NO | 11. Feeling Unwell for an | | |
| | | | Unknown Reason | YES | NO |

Additional Questions:

B. Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?..... YES NO

C. Have you returned from travel outside Canada in the past 14 days?..... YES NO

D. Have you been refused boarding in the past 14 days due to a medical reason, including one related to COVID-19? YES NO

E. Are you currently subject to a mandatory quarantine order as a result of recent travel, OR, as a result of an order issued by a provincial/local public health authority? YES NO

If you answered YES to any of the above questions, you will need to reschedule your appointment. Please call Manifest at 1-866-564-5867 (JUMP), and we will happily assist you. No cancellation charges will apply.

Masks: I agree that I will be required to bring, and wear a face mask **at all times** whenever I am inside the building, and when aboard the aircraft. Client Initials: _____

Niagara Skydive Centre Inc. has taken all safe industry measures to reduce the likelihood of contracting COVID-19, though no measure is 100% effective. I agree that I will follow all staff instructions, practice physical distancing at all times, and wear my mask when on the premises. I will not hold Niagara Skydive Centre Inc., the Niagara Central Airport, or the St. Catharines Flying Club, responsible for any potential COVID-19 exposure.

Signature: _____ Date: _____

TO BE COMPLETED BY NIAGARA SKYDIVE CENTRE INC. AT TIME OF ENTRY – STAFF USE ONLY

Date / Time: _____ Screened By: _____

Verbally confirm client's responses as truthful, and advise that it is an offence to knowingly provide false or misleading answers under TC Interim Order 2020 No. 7. Health Screening Responses Confirmed: _____ Client's Temperature: _____