ANVIL CENTRE
NEW WESTMINSTER

HEALTH CHECK FORM

The health & safety of our guests and staff is our top priority. To help reduce the spread of COVID-19, you are required to follow all COVID-19 Protocols at Anvil Centre. Prior to completing the Health Check Form, please read the following:

1. Physical distancing is required as per the Province of BC. This means that there are limitations on the number of guests in a space. The maximum number of guests allowed is posted outside each space.
2. All COVID-19 Protocols are posted throughout the facility and all staff can answer any questions.
3. Please read and accept by initialing, the following:
   a. Anvil Centre has implemented COVID-19 protocols recommended by the Province, Municipality and Industry Best Practices to limit the spread of COVID-19. I recognize that I am at risk of contracting COVID-19, in spite of any precautions taken by me, the City of New Westminster and Anvil Centre;
   b. COVID-19 is a highly infectious disease and is easily transmitted between people who may or may not show signs of illness; and
   c. COVID-19 can infect people of all ages, regardless of health status, and is potentially fatal

Name:_____ **Purpose of Visit:**_____

Initial:_____ **Date**:_____

Contact Phone #:_____

1. **Have you or anyone in your immediate family returned from a trip in the last 14 days?**

   Yes / No / Unsure If Yes Outside Canada
   Inside Canada via air/bus/train

2. **Have you had contact with anyone with confirmed COVID-19 in the last 14 days?**

   Yes / No / Unsure

3. **Have you or any immediate family members had any of these symptoms in the last 14 days?**

   a. Fever greater than 38 Yes / No / Unsure
   b. Headache and / or muscle aches Yes / No / Unsure
   c. Difficulty breathing / shortness of breath Yes / No / Unsure
   d. Dry cough Yes / No / Unsure
   e. Sore Throat Yes / No / Unsure
   f. Sneezing (excessive) Yes / No / Unsure
   g. Stuffy or runny nose Yes / No / Unsure
   h. Loss of smell Yes / No / Unsure
   i. Loss of appetite Yes / No / Unsure

Thank you