



NEWMARKET FEIS

CONTACT TRACING & HEALTH SCREENING FORM

(Required for all participants, teachers & volunteers who will be entering the facility)

Proof of vaccination required for all competitors & spectators age 12 & up

Please have this form completed and hand in at the check-in desk at the entrance.

PARENT/GUARDIAN NAME: _____

DANCER NAME: _____

YEAR OF BIRTH: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

I am attending the Newmarket Feis at the Markham Fairgrounds on:

Friday, October 29th, 2021 (Teachers/Volunteers)

Saturday, October 30th, 2021

I am (please select one)

Parent/Guardian (accompanying a dancer)

Teacher/TCRG

Volunteer

HEALTH SCREEN

Do you currently have any of the following symptoms:

YES NO

<ul style="list-style-type: none">• Fever &/or Chills• Shortness of breath• Pink Eye• Muscle aches• Digestive Issues (nausea/vomiting, diarrhea, stomach pain)	<ul style="list-style-type: none">• Cough or barking cough (croup)• Sore throat• Runny or stuffy/congested nose• Extreme tiredness	<ul style="list-style-type: none">• Difficulty Swallowing• Decrease or loss of smell or taste• Headache• Falling down often
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If you answer "yes" to any of these symptoms, you will not be permitted in the facility.

Has a doctor, health care provider, or Public Health Unit told you that you should currently be isolating (staying home)?

YES NO

In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

YES NO