



COUNTY of ANNAPOLIS  
NATURALLY ROOTED

752 St. George Street, PO Box 100

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### COVID-19 – Screening Form

**As a participant at 2021-02-16 Council, we would ask that you review the following – if your answer is “yes” to any of these questions, please do not enter the meeting and advise the CAO immediately.**

If you answer **YES** to any of the following:

1. I feel unwell or have new or worsening health symptoms.
2. In the past 48 hours have had or currently experiencing the following symptoms:  
**\*FEVER \*COUGH \*HEADACHE \*SHORTNESS OF BREATH**  
**\*SORE THROAT \*RUNNY NOSE/NASAL CONGESTION**
3. In the past 14 days I came into contact with a person(s) with COVID-19.
4. In the last 14 days I or someone inside my household travelled from anywhere outside the Nova Scotia (other than PEI)
5. I am waiting for results from a COVID-19 test or have tested positive for COVID-19.

**STOP**  
**DO NOT ENTER**

**Help us stop the  
spread of the virus!**