

COVID-19 Patron Declaration of Fitness



Performance Date: _____ Time: _____

Name: _____ Phone: _____

1. To the best of your knowledge, have you or anyone in your household returned from a trip in the past 14 days?

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

2. To the best of your knowledge, have you had contact with anyone with confirmed COVID-19 in the past 14 days?

Yes No Unsure

3. To the best of your knowledge, are you or any household members experiencing any of these symptoms?

a) Fever Yes No
b) Cough Yes No
c) Difficulty breathing Yes No
d) Sore throat, trouble swallowing Yes No
e) Runny nose Yes No
f) Loss of taste or smell Yes No
g) Not feeling well Yes No
h) Nausea, vomiting, diarrhea Yes No

Steps:

Please bring this completed form with you to the performance.

If you answer yes to any of the above questions, or appear to be unwell upon arrival, Theatre on the Ridge reserves the right to not admit you to the performance. Refunds are available, if requested, up to 4 hours prior to the performance, but will not be provided at the door. If you experience symptoms after completing this form and attending the performance, please contact Theatre on the Ridge immediately at info@theatre3x60.ca.

ONTARIO COVID-19 Symptom Self-Assessment Tool: <https://covid-19.ontario.ca/self-assessment/>

The information collected will only be disclosed upon lawful request, for example, to the Public Health Office for the purposes of contact tracing.

Signature (Patron): _____ Date of Signature: _____