



COVID-19 Screen Form

Moonlight Performance Horses
830 Roland Rd
Fenwick, ONT L0S 1C0

Full Name: _____

Signature: _____

Date: _____, 2020

Time of arrival: _____

Phone Number: _____

Please fill in below; for all family members or persons travelling with you today.
One form to be filled out per vehicle:

Full Name: _____

Signature: _____

Full Name: _____

Signature: _____

Full Name: _____

Signature: _____



Full Name: _____

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In the past 14 days; have you or any persons you are travelling with:

☐ YES ☐ NO - Been Diagnosed with COVID-19?

☐ YES ☐ NO - Experienced and of the following symptoms:

- Fever over 38 degrees celsius
- Shortness of breath / difficulty breathing
- Sore throat / painful swallowing
- Cough, stuffy/running nose

☐ YES ☐ NO - Been outside of Canada/Ontario within the last 14 days?

☐ YES ☐ NO - Been in direct contact with anyone who has traveled outside of Canada/Ontario?

☐ YES ☐ NO - Been in recent contact with anyone who has tested positive for COVID-19?

If you have answered YES to any of the above questions, please explain below:

