



Powder Creek Lodge Pre-Screening Form

Staff screener Initials: _____

Guest Name: _____

Guest Age: _____

Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

Screening Questions	Pre-Screen 2 weeks before trip	Hangar
Fever or chills	YES NO	YES NO
Difficulty breathing or shortness of breath	YES NO	YES NO
Cough	YES NO	YES NO
Sore throat, trouble swallowing	YES NO	YES NO
Decrease or loss of smell or taste	YES NO	YES NO
Nausea, vomiting, diarrhea, abdominal pain	YES NO	YES NO
Not feeling well, extreme tiredness, sore muscles	YES NO	YES NO
Had close contact with a confirmed or probable case of COVID-19?	YES NO	YES NO

If 'yes' to any of the above, please notify us immediately by email to discuss: info@powdercreeklodge.com