



## **Health Screening Questionnaire**

This questionnaire must be completed by each individual prior to participation in each on-ice or off-ice club/skating school activity.

The answer to all questions must be "No" in order to participate in each on-ice activity.

1. Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

Yes       No

2. Do you have any of the following symptoms?

Cough (*continuous, more than usual*)     Yes       No

Shortness of breath                             Yes       No

Runny nose, sneezing or nasal congestion (*not related to other known causes such as seasonal allergies etc.*)     Yes       No

Sore throat                                       Yes       No

Difficulty swallowing                         Yes       No

Lost sense of taste or smell                 Yes       No

3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

Yes       No

4. Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?

Yes       No

If you have answers "Yes" to any of these questions, they are not permitted to participate in any on-ice or off-ice club/skating school activities.

*Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

