



## Health Screening Questionnaire

***This questionnaire must be completed by each individual prior to participation in each club activity. A coach may verbally ask these questions to the athlete. A record must be kept. The answer to all questions must be “No” in order to participate in each club 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 Yes No
- Shortness of breath Yes No
- Runny nose, sneezing or nasal congestion Yes No (not related to other known causes such as seasonal allergies etc.)
- 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

5. Have you been asked to self-isolate by Public Health or have been in close contact with someone who has been asked to self-isolate (ie. class asked to isolate)?

***If an individual answers “Yes” to any of these questions, they are not permitted to participate in any club activities.***