If an individual answers YES to any of the questions, they must not be allowed to participate in the sport or activity. Children and youth will need a parent to assist them to complete this screening tool.

Date															

1, Does the person attending the activity, have any of the below symptoms?

	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Fever																														
Cough																														
Shortness of Breath or Difficulty Breathing																														
Sore Throat																														
Chills																														
Painful Swallowing																														
Runny Nose / Nasal Congestion																														
Feeling Unwell/Fatigued																														
Nausea/Vomiting/Diarrhea																														
Unexplained loss of appetite																														
Loss of sense of taste or smell																														
Unexplained muscle/joint aches																														
Headache																														
Conjunctivitis																														

2. Have you, or anyone in your household, travelled outside of Canada and have or had any of the above symptoms in the last 14 days?

3. Have you, or your children attending the program had close, unprotected contact (face to face contact within 2 metres/ 6 ft) with someone who is ill with cough and / or fever?

4. Have you, or anyone in your household been in close, unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?

5. Have your skating clothes, gloves, skate bag, water bottle, and hard guards been cleaned and/or disinfected since your last skating session?