

## 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. This includes participation in sessions on rented ice outside of a club/skating school setting.

This questionnaire may be completed verbally.

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

Do you have any of the following symptoms?

\_\_\_\_\_  
NAME

2. Cough (that's new or worsening)

Yes                      No

\_\_\_\_\_  
Contact Number

3. Shortness of breath

Yes                      No

\_\_\_\_\_  
Date

4. Runny, stuffy or congested nose (not related to other known causes such as seasonal allergies etc.)

Yes                      No

5. Sore throat

Yes                      No

6. Difficulty swallowing

Yes                      No

7. Lost sense of taste or smell

Yes                      No

8. Have you travelled outside of Canada in the past 14 days or had close contact with anyone that has travelled outside of Canada in the past 14 days that does not have a Government of Canada Travel Exemption\*?

Yes                      No

9. Have you had close contact in the past 14 days with anyone with active respiratory illness or an active confirmed or probable case of COVID-19, without the consistent and appropriate use of personal protective equipment?

Yes                      No

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

\*For information on Travel Exemptions to the emergency order of the Government of Canada's Quarantine Act, please go to: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#a3>

