

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?

2. Cough (that's new or worsening)

Yes No

3. Shortness of breath

Yes No

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 without a Government of Canada Travel Exemption*?

Yes No

9. Have you had close contact in the past 14 days with anyone with a confirmed 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-Self-Assessment-Tool-travel-health-advice.html#a3>

Skater:

Date:

Session Time:

Signature (Parent or Guardian if skater is under 18 years of age):

