

Health Screening Questionnaire

Individuals must complete this questionnaire prior to their participation in a club activity. This questionnaire may be completed verbally but should be completed each time the individual participates in a club activity.

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

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

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