

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.

Are you currently experiencing any of these symptoms?

Choose any/all that are new, worsening and not related to other know causes or conditions.

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|---|------------------------------|-----------------------------|
| Fever (a temperature of 37.8C or higher) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough that is new or worsening, barking cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, stuffy or congested nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decrease or Lost sense of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pink eye | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache that is unusual or long lasting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Digestive issues like nausea/vomiting, diarrhea, stomach pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle aches that are usual or long lasting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Extreme tiredness that is unusual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Falling down often (for older people) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sluggish or lack of appetite (for young children) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In the last 14 days, have you been identified as a close contact of someone who currently has COVID-19. This includes getting a COVID Alert exposure notification. Yes No

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

Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or other symptoms associated with COVID-19? Yes No

If an individual answers "Yes" to any of these questions, they are not permitted to participate in any club activities unless they are exempted under the Quarantine Act.

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