

COVID-19 Screening Form

Complete the following questionnaire prior to entering the facility and present the completed form as you enter. The questions are relevant to the player, volunteer and all members of the family “bubble”. You should refrain from entering the facility if you or any member of your family “bubble” are experiencing potential COVID-19 symptoms.

Player's Name: _____

Parent's Name: _____

Session Date: _____

Session Time: _____

Have you or anyone in your family (not including asymptomatic rotational; workers):

1. traveled in the last 14 days outside the Atlantic Provinces (New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador) or outside the communities along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon)?
 Yes No
2. been in close contact with a known or suspected case of COVID-19 in the last 14 days?
 Yes No
3. been in close contact, in the last 14 days, with a person suffering from acute respiratory illness who has travelled outside of the identified areas within 14 days prior to illness onset?
 Yes No
4. had two or more of the following symptoms (new or worsening) in the last 14 days:
 - Fever (or signs of a fever, such as chills, sweats, muscle aches, and light-headedness);
 - Cough;
 - Headache;
 - Sore throat;
 - Runny nose;
 - Painful swallowing;
 - Diarrhea;
 - Loss of sense of smell or taste;
 - Unexplained loss of appetite; OR,
 - Small red or purple spots on your hands and/or feet Yes No

Please share your completed questionnaire with the screener. If you answer “YES” to any of the above, you are not permitted to enter the facility. If you answer “NO” to all the above, you can enter the facility when instructed to do so.