



COVID-19 Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in each Riverside Skating Club activity.

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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you have any of the following symptoms?		
➤ Cough (continuous, more than usual)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
➤ Shortness of breath	<input type="checkbox"/> YES	<input type="checkbox"/> NO
➤ Runny nose, sneezing or nasal congestion (not related to other known causes such as seasonal allergies etc.)	<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
➤ Lost Sense of taste or smell	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does anyone in your household have any symptoms noted above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. 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 <u>that does not have a Government of Canada Travel Exemption*</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. 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, <u>without the consistent and appropriate use of personal protective equipment?</u> or anyone awaiting a result?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you recently been tested for COVID 19 and are awaiting results? <ul style="list-style-type: none"> • Please note - if you were only tested as due to a workplace requirement, please answer no to this question. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO

* 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>

Date: _____ Age: _____ Guardian Name: _____

Name: _____ Signature: _____