

## Vanderhoof Arena COVID-19 Pre-Visit Screening Questionnaire

PLEASE NOTE: All questions below need to be specifically asked prior to every ice time. If the answer is "YES" to any of the questions, the participant must not participate in the ice time. Please contact Chad Westbrook-Manager-as soon as possible if you or anyone in your home develops symptoms of COVID-19 or is diagnosed with the virus ([cwestbrook@district.vanderhoof.ca](mailto:cwestbrook@district.vanderhoof.ca)/250-570-1358)

Do you or anyone in the home have any of the following symptoms:		
YES	NO	
		Fever
		New or worsening cough
		Shortness of breath
		Runny Nose
		Nasal congestion
		Loss of sense of smell
		Sore throat or painful swallowing
		Headache
		Muscle aches
		Fatigue
		Loss of appetite
		Chills
		Nausea or vomiting
		Diarrhea
		Have you or anyone you been in contact with or travelled outside the country in the past 14 days?
		Has anyone in your home been directed to self-isolate for any reason?