**Screening must be completed by all participants prior to each new event date**

If any player, coach or official experiences symptoms during a session or game, they will be sent home and will require a physician’s note to return to future play in accordance with the Symptoms and Diagnosis process on Page 7.

**Participant’s Name:**

**Date of Activity:**

**Do you have a fever?** Yes No

**Have you had any of these symptoms in the last 14 days?**

Cough Yes No

Shortness of breath Yes No

Difficulty breathing Yes No

Runny nose Yes No

Sore throat Yes No

Difficulty swallowing Yes No

Lost sense of smell or taste Yes No

Unusual fatigue Yes No

Nausea or vomitting Yes No

Unusual headache Yes No

Loss of appetite Yes No

Muscle or joint pain Yes No

Feeling unwell Yes No

**Have you, or anyone in your household, been outside of Canada in the last 14 days?**

Yes No

**Have you, or anyone in your household, been in close contact with someone who is ill with a cough and/or fever in the last 14 days?**

Yes No

**Have you, or anyone in your household, been in close contact with someone who is potentially exposed to COVID-19, or has a confirmed case of COVID-19?**

Yes No