

Daily Screening Questionnaire

Dear Parent/Guardian,

Please fill out this questionnaire to determine if your child can attend today:

1. Do you, or your child attending today, have any of the following symptoms?

Fever (greater than 38.0 C)	YES	NO
Cough	YES	NO
Shortness of breath or difficulty breathing	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Runny nose or congestion	YES	NO
Feeling unwell/Fatigued	YES	NO
Nausea, vomiting, or diarrhea	YES	NO
Muscle aches/Joint Aches	YES	NO
Headache	YES	NO
Unexplained loss of appetite	YES	NO
New loss of sense or taste or smell	YES	NO
Conjunctivitis	YES	NO
2. Have you, or anyone in your household, travelled outside of Canada in the past 14 days or to a community with a COVID-19 outbreak? YES NO
3. Have you or your children attending the program had close unprotected contact (face-to-face contact within 2 metres) with someone who is ill with cough and/or fever? YES NO
4. Have you or anyone in your household been in close contact (within 2 metres) in the last 14 days with someone that is being investigated for or confirmed to be a case of COVID-19? YES NO
5. Have you, or anyone in your household, been instructed to self-isolate? YES NO

If you answered "yes" to any of the above questions, DO NOT enter at this time.

If you have recently developed any of these symptoms, please call 811 to see if you require testing.

***If you have answered "no" to all the above questions, please sign in below.**

Please remind your child to use sanitizer before entering and leaving the facility; to refrain from touching their eyes, nose, mouth and face; and to exhibit good respiratory etiquette (sneezing or coughing into the crook of their elbow or a tissue, no spitting, no clearing of nasal passages.)

Our goal is to minimize the risk of illness to you, your children and family, and our staff. We thank you in advance for your cooperation and understanding!

Please send completed form with your child Daily. Your child will not be allowed to attend without this form.

I acknowledge, understand, appreciate, and agree that participation may result in possible exposure to and illness from infectious diseases, including, but not limited to COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for participation and exposure and release the facility, its employees, officers and directors from any liability related thereto.

Athlete's Full Name: _____

Date: _____

Parent/Guardian: _____

Signature: _____