



Health Screening Questionnaire

This questionnaire must be completed by each individual daily prior to participation in each club activity.

This questionnaire may be completed verbally.

The answer to all questions must be “No” in order to participate in each club activity.

Participant Name: _____ Date: _____

1. Do you have a fever? (a temperature of 37.8C or higher)

Yes

No

2. Do you have any of the following symptoms?

• **Cough**

Yes

No

• **Shortness of breath**

Yes

No

• **Runny nose, sneezing or nasal congestion (not related to other known causes such as seasonal allergies etc.)**

Yes

No

• **Sore throat**

Yes

No

• **Difficulty swallowing**

Yes

No

• **Lost sense of taste or smell**

Yes

No

3. Have you or someone in your household travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

Yes

No

4. Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?

Yes

No

If an individual answers “Yes” to any of these questions, they are not permitted to participate in any club activities.