

Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in each on-ice or off-ice club/skating school activity. This includes participation in sessions on rented ice outside of a club/skating school setting.

This questionnaire may be completed verbally.

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)

Yes No

Do you have any of the following symptoms?

2. Cough (continuous, more than usual)

Yes No

3. Shortness of breath

Yes No

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

Yes No

5. Sore throat

Yes No

6. Difficulty swallowing

Yes No

7. Lost sense of taste or smell

Yes No

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

Yes No

9. 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 on-ice or off-ice club/skating school activities.

Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.

