

HEALTH SCREENING QUESTIONNAIRE UPDATED September 17, 2020

This questionnaire must be completed by each individual **prior** to participation in EACH training session, whether at your Skate Canada Club or Skating School or with a Skate Canada Professional Coach at another training location. A Club or Skating School employee or volunteer may administer the questionnaire but must have received training as outlined in the Club and Skating School Protocol Checklist. Information must be recorded and initialed by the individual responsible for tracking attendance on the Contact Tracing Log.

If an individual answers **YES** to any of the questions, they must **not** be allowed to participate in the sport or activity. Children and youth will need a parent to assist them to complete this screening tool.

| 1. | Does the attendee have any new onset (or worsening) of any of the following symptoms? | CIRCLE ONE | |
|----|--|------------|----|
| | | YES | NO |
| | Fever | YES | NO |
| | Cough | YES | NO |
| | Shortness of breath / Difficulty breathing | YES | NO |
| | Sore throat | YES | NO |
| | Chills | YES | NO |
| | Painful swallowing | YES | NO |
| | Runny nose / Nasal congestion | YES | NO |
| | Feeling unwell / Fatigued | YES | NO |
| | Nausea / Vomiting / Diarrhea | YES | NO |
| | Unexplained loss of appetite | YES | NO |
| | Loss of sense of taste or smell | YES | NO |
| | Muscle / joint aches (unrelated to training) | YES | NO |
| | Headache | YES | NO |
| | Conjunctivitis (commonly known as pink eye) | YES | NO |
| 2. | Has the attendee travelled outside of Canada in the last 14 days? | YES | NO |
| 3. | Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days? | YES | NO |
| 4. | Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days? | YES | NO |

*Face to face contact within 2 metres. A health care worker in an occupational setting wearing the recommended personal protective equipment is not considered to be close contact.

**Ill/symptomatic means someone with COVID-19 symptoms on the list above.

If you have answered YES to any of the above questions do not participate. Proceed home and use the [AHS Online Health Assessment Tool](#) to determine if testing is recommended