

HEALTH SCREENING QUESTIONNAIRE (MANDATORY)

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.

Do you/your child have any new-onset (or worsening) of any of the following symptoms?	Yes	No
Fever		
Cough		
Shortness of Breath / Difficulty of Breathing		
Sore throat		
Chills		
Painful swallowing		
Runny nose / Nasal congestion		
Feeling unwell/fatigued		
Nausea / Vomiting / Diarrhea		
Unexplained loss of appetite		
Loss of sense of taste or smell		
Muscle/joint aches (unrelated to training)		
Headache		
Conjunctivitis (commonly known as pink eye)		
Has the attendee travelled outside of Canada in the last 14 days?		
Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?		
Has the attendee had close contact with a symptomatic** close contact of a confirmed of a confirmed case of COVID-19 in the last 14 days?		

*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.

First & Last Name

Signature

Date

Member Type: ____ Skater ____ Parent/Guardian ____ Coach/Volunteer/Staff

Time in: _____

MHSC Team Initials: _____