



## Health Screening Questionnaire

This questionnaire must be completed by each individual 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.

1. Do you have a fever? (Feeling hot to the touch, 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 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.

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