



Canadian National Special Hockey – Screening Form

For: Parent/Guardian arriving with a Player

All participants are expected to complete this Self-Assessment Screening Form prior to or upon entry into the facility for each session.

The expectation is that each person entering the facility must complete this form. Forms will be kept for 30 days in a designated confidential space and then destroyed (e.g. shredded).

If the answer to any of questions below is Yes, you will not be permitted to enter the Facility. The answer to all questions must be “No” in order to participate in any and all activity.

Are you, the parent/guardian feeling unwell today? Yes No (circle)	Is the Player feeling unwell today? Yes No (circle)
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1. Do you or the player attending the program, have any of the symptoms below?

Note: symptoms should not be chronic or related to other known causes or conditions.

Parent	Player	Parent	Player
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you or the Player travelled outside of Canada in the last 14 days?

Parent/guardian: Yes No Player: Yes No

3. Have you or the Player, had close contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days?

Parent/guardian: Yes No Player: Yes No

4. Have you or the Player in your household been in close unprotected contact in the last 14 days with someone who has a suspected or confirmed to be a case of COVID-19?

Parent/guardian: Yes No Player: Yes No

Participant Name: _____ Signature (if over 18): _____

Parent/guardian Name: _____ Signature: _____

Date: _____ Session/Program Time _____