



# Canadian National Special Hockey – Screening Form

For: Individual – Player or Volunteer

All Players and Volunteers 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 feeling well today? Circle: Yes No**

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.

**1. Do you have any of the below symptoms?** *Note: symptoms should not be chronic or related to other known causes or conditions.*

<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea / Vomiting / Diarrhea
<input type="checkbox"/> Cough	<input type="checkbox"/> Unexplained loss of appetite
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Loss of sense of taste or smell
<input type="checkbox"/> Chills	<input type="checkbox"/> Runny nose / Nasal congestion
<input type="checkbox"/> Painful swallowing	<input type="checkbox"/> Shortness of Breath / Difficulty Breathing
<input type="checkbox"/> Feeling unwell / Fatigued	<input type="checkbox"/> Conjunctivitis (pink eye)
<input type="checkbox"/> Muscle / Joint aches	<input type="checkbox"/> Headache

**2. Have you travelled outside of Canada in the last 14 days? Circle: Yes No**

**3. Have you 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? Circle: Yes No**

**4. Have you, or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?**

**Circle: Yes No**

Volunteer/Player Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer/Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Session/Program Time \_\_\_\_\_

Parent/guardian name and signature (if Volunteer is under 18)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_