

HEALTH SCREENING QUESTIONNAIRE (MANDATORY)

This questionnaire must be completed verbally 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 person attending the activity, have any of the below symptoms?	CIRCLE ONE	
	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	YES	NO
2.	Have you, or anyone in your household, travelled outside of Canada and have or had any of the above symptoms in the last 14 days?	YES	NO
3.	Have you, or your children attending the program had close, unprotected contact (face to face contact within 2 metres/ 6 ft) with someone who is ill with cough and / or fever?	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?	YES	NO

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