

PARTICIPANT SELF-SCREENING CHECKLIST

Everyone is required to complete the Health Screening prior to every on-ice activity. Ice users may self-screen using the provincial self-assessment tool <https://covid-19.ontario.ca/self-assessment/> in advance of the confirmation questions being asked by your coach or team captain. By indicating **YES** in the accompanying chart, you confirm that this Health Screening was passed by all participants attending the arena that day. The expectation is that a tracking sheet must exist for each and every on-ice session to facilitate contact tracing in the event of a COVID-19 exposure.

Are you currently experiencing any of these issues?

- Severe difficulty breathing**
(struggling for each breath, can only speak in single words)
- Severe chest pain**
(constant tightness or crushing sensation)
- Feeling confused or unsure of where you are**
- Losing consciousness**

Choose any/all that are new, worsening, and are not related to other known causes or pre-existing conditions.

- Fever** (Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher)
- Chills**
- Cough that's new or worsening**
(Continuous, more than usual, not related to other known causes or conditions (for example, COPD))
- Barking cough, making a whistling noise when breathing** (Croup, not related to other known causes or conditions)
- Shortness of breath** (Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma))
- Sore throat** (Not related to other known causes or conditions (for example, seasonal allergies, acid reflux))
- Difficulty swallowing** (Painful swallowing, not related to other known causes or conditions)
- Runny nose** (Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather))
- Stuffy or congested nose** (Not related to other known causes or conditions (for example, seasonal allergies))
- Decrease or loss of taste or smell** (Not related to other known causes or conditions (for example, allergies, neurological disorders))
- Pink eye** (Conjunctivitis, not related to other known causes or conditions (for example, reoccurring sty's))
- Headache that's unusual or long lasting** (Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines))
- Digestive issues like nausea/vomiting, diarrhea, stomach pain** (Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps))
- Muscle aches that are unusual or long lasting** (Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia))
- Extreme tiredness that is unusual** (Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction))
- Falling down often** (For older people)
- Sluggishness or lack of appetite** (For young children and infants)

In the last 14 days, have you:

- Been in close physical contact with someone who currently has COVID-19? This includes getting a COVID Alert exposure notification.
- Been in close physical contact with someone who either:
 - is currently sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19? OR
 - returned from outside of Canada in the last 2 weeks?
- Have you travelled outside of Canada in the last 14 days? This does not include essential workers who cross the Canada-US border regularly.

Close physical contact means: being less than 2 metres away in the same room, workspace, or area OR living in the same home or being in the same classroom