

COVID-19 SCREENING QUESTIONS

1. In the last 14 days, has the player/child or anyone they live with travelled outside of Canada?

Yes No

If exempt from quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select "No."

2. Has a doctor, health care provider, or public health unit told you that the student/child should currently be isolating (staying at home)?

Yes No

This can be because of an outbreak or contact tracing.

3. In the last 14 days, has the player/child been identified as a "close contact" of someone who currently has COVID-19?

Yes No

4. In the last 14 days, has the player/child received a COVID Alert exposure notification on their cell phone?

Yes No

If they already went for a test and got a negative result, select "No."

5. Is the player/child currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or conditions they already have.

Fever and/or chills

Yes No

Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

Cough or barking cough (croup)

Yes No

Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

Shortness of breath

Yes No

Out of breath, unable to breathe deeply (not related to asthma or other known causes or

conditions they already have)

Decrease or loss of taste or smell

Yes No

Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have

Sore throat or difficulty swallowing

Yes No

Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)

Runny or stuffy/congested nose

Yes No

Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have

Headache

Yes No

Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)

Nausea, vomiting and/or diarrhea

Yes No

Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have

Extreme tiredness or muscle aches

Yes No

Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)

6. Is someone that the student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms.

Yes No