



Skater's Name: _____

Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in each Lambeth Skating Program session.

- 1) Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

	Yes	No
Fever or chills		
Cough		
Shortness of Breath		
Sore throat, trouble swallowing		
Difficulty swallowing		
Decrease or loss smell or taste		
Nausea, vomiting, diarrhea, abdominal pain		
Pink Eye		
Headache		
Muscle aches		
Extreme tiredness		
Falling down often		

- 2) Has a doctor, health care provider or public health unit told you that you should be isolating (staying at home)?

Yes		No	
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- 3) In the past 14 days have you...

	Yes		No	
Been identified as a "close contact" of someone who currently has COVID-19				
Received a COVID Alert exposure notification on your cell phone? <i>If you already went for a test and got a negative result, select NO.</i>				
Travelled outside of Canada? <i>If you are exempted from federal quarantine as per group exemptions quarantine requirements under the Quarantine Act, select No.</i>				

If you have answered **NO** to all questions, you have passed screening and can enter the arena.

If you have answered "YES" to any of the above question, please delay entering the arena and consider contacting your health care provider. For any further questions regarding a safe return to skating, please contact covid19lsp@gmail.com.

Parent Signature

Date

Contact Number