



This questionnaire must be completed by each individual prior to participation in each on-ice or off-ice activity. This questionnaire may be completed verbally.

The answer to **all** questions must be “No” in order to participate in any capacity (on-ice, dry land or observe).

**Are you currently experiencing any of these symptoms** (new, worsening, and not related to other known causes or conditions)? Please circle ‘YES’ or ‘NO’

Fever (temperature of 37.8 C/100 F or higher)	YES	NO
Chills	YES	NO
Cough that's new or worsening (continuous, more than usual)	YES	NO
Barking cough, making a whistling noise when breathing	YES	NO
Shortness of breath (out of breath, unable to breathe deeply)	YES	NO
Sore throat	YES	NO
Difficulty or painful swallowing	YES	NO
Runny nose	YES	NO
Stuffy or congested nose	YES	NO
Decrease or loss of taste or smell	YES	NO
Pink eye	YES	NO
Headache that's unusual or long lasting	YES	NO
Digestive issues like nausea/vomiting, diarrhea, stomach pain	YES	NO
Muscle aches that are unusual or long lasting	YES	NO
Extreme tiredness that is unusual	YES	NO
Falling down often	YES	NO
Sluggishness or lack of appetite (for young children and infants)	YES	NO

