



APPENDIX F

Health Screening Questionnaire

NAME: _____

DATE: _____

This questionnaire must be completed by each individual prior to participating in any Club activity or game play situation. This questionnaire may be completed verbally.

The answer to all questions must be “No” to participate.

1. Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

☐ Yes ☐ No

2. Chills ☐ Yes ☐ No

3. Do you have any of the following symptoms?

- | | | |
|---|------------------------------|-----------------------------|
| • 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 |
| • Runny nose
(<i>not related to seasonal allergies or other known causes or conditions</i>) | ☐ Yes | ☐ No |
| • Stuffy or congested nose
(<i>not related to seasonal allergies or other known causes or conditions</i>) | ☐ Yes | ☐ No |
| • Sore throat | ☐ Yes | ☐ No |
| • Difficulty swallowing | ☐ Yes | ☐ No |
| • Lost sense of taste or smell | ☐ Yes | ☐ No |
| • Pink eye | ☐ Yes | ☐ No |
| • Headache that is unusual or long lasting | ☐ Yes | ☐ No |
| • Digestive issues like nausea/vomiting, diarrhea, stomach pain
(<i>not related to other known causes or conditions</i>) | ☐ Yes | ☐ No |

- Muscle aches that are unusual or long lasting ☐ Yes ☐ No
- Extreme tiredness that is unusual (fatigue, lack of energy) ☐ Yes ☐ No
- Falling down often ☐ Yes ☐ No
- For young children and infants: sluggishness or lack of appetite ☐ Yes ☐ No

4. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

☐ Yes ☐ No

5. In the last 14 days, have you been in close physical contact with a person who is currently sick with a new cough, fever, or difficulty breathing?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

☐ Yes ☐ No

6. In the last 14 days, have you been in close physical contact with someone who returned from outside of Canada in the last 2 weeks, and is not an essential worker with exemption from mandatory quarantine?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

☐ Yes ☐ No

7. Have you travelled outside of Canada in the last 14 days? (This does not include essential workers who cross the Canada-US border regularly).

☐ Yes ☐ No

If an individual answers “yes” to any of these questions, they are not permitted to participate in any club activities.

Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.