

# COVID-19 Self-Assessment

## Darlington Soccer Club

Player Name/Age Group:

Date:

\*please put a checkmark in the applicable box\*

Questions	Yes	No
In the past 24 hours, have you or currently do you have a fever of 100F or higher?		
Do you have a sore throat, cough, headache, chills, shaking with chills, diarrhea, vomiting, muscle ache, shortness of breath, pink-eye, or difficulty breathing?		
Have you come into contact with anyone with COVID-19 in the last 14 days?		
Have you, or anyone in your household traveled outside of Canada in the last 14 days?		
Is anyone in your household in quarantine for exposure to COVID-19?		
Have you tested positive for COVID-19 within the last 10 days?		
Have you attended gatherings, including church, with more than 50 people in the last 14 days?		
Are you ill, or cared for someone who is ill?		
In the two weeks before feeling sick, did you have contact with someone who was diagnosed with COVID-19?		

**We also recommend you complete the Ontario Government Self-Assessment in addition:**

<https://covid-19.ontario.ca/self-assessment/>