

ENTRY SCREENING AND WELLNESS CERTIFICATE

This form must be completed by all staff, coaches, athletes, parent or other visitor in order to participate in and/or gain entry to Canton Ice House

Please check your response to each question below:

1. Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? Yes No
2. Have you had a fever or felt feverish in the last 72 hours? Yes No
3. Are you experiencing any respiratory symptoms including congestion, runny nose, sore throat, cough, shortness of breath or difficulty breathing? Yes No
4. Are you experiencing any new muscle or body aches, chills or severe fatigue? Yes No
5. Are you experiencing any gastrointestinal, nausea, vomiting or diarrhea issues? Yes No
6. Have you experienced any new change in your sense of taste or smell? Yes No
7. Have you tested positive for COVID-19 in the last 14 days? Yes No
8. Your Temperature: You must take your temperature today prior to arrival at the facility or have your temperature taken upon arrival at the facility with a thermometer. Based on the result of today's temperature taking, was your temperature greater than 100.4 degrees Fahrenheit? Yes No
9. Have you travelled using public transportation outside New England, i.e. plane, bus, subway, cruise ship or train in the past 14 days?
Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, YOU WILL NOT BE ALLOWED ENTRY TO THE FACILITY AND WILL NOT BE ALLOWED TO PARTICIPATE IN THE EVENT OR ATHLETIC ACTIVITY. PLEASE DO NOT COME INTO THE FACILITY AND SEEK MEDICAL ADVICE. **

Under this paragraph, "quarantine" means that the individual executing the certification swears that he or she remained at home for at least 14 days, only going out for essential items or work, and when outside of home maintain a physical distancing of 6 feet from other people and wore a cloth face covering/face mask when within less than 6 feet of another person during this 14 day "quarantine" period.

WELLNESS CERTIFICATION

I certify that the answers provided above are true and correct.

Name (Printed): _____ Phone Number: _____

Team Name: _____ Date: _____

Time In: _____