

Coronavirus – Active Screening Tool

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| 1. | <ul style="list-style-type: none"> •New or worsening cough •Shortness of breath •Difficulty Breathing •Sore throat •Difficulty Swallowing •Decrease or lose of sense of taste or smell •Chills •Headaches | <ul style="list-style-type: none"> •Nausea/vomiting •Unexplained fatigue/malaise •Diarrhea •Abdominal pain •Pink eye (conjunctivitis) •Runny nose/sneezing/nasal congestion (in absence of underlying reason for these symptoms such as seasonal allergies, postnasal drip etc.) |
| 2. | Have you had close contact (face to face contact within 2 meters/6 feet) with anyone with acute respiratory illness or travelled outside of Canada within the last 14 days? | |
| 3. | Do you have a confirmed case of COVID-19 OR had close contact with a confirmed case of COVID-19? | |
| 4. | Temperature: If the person has a temperature greater than 37.8 ° C or higher | |

Date: _____ **Location:** _____ **Time:** _____

| Player/Coach Name | Contact # or Email | Q. 1 Yes /No | Q. 2 Yes/ No | Q. 3 Yes/No | Q. 4 Yes/No | Suitable to participate |
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