TEAM:	
DIVISION:	
HEAD COACH:	

Coronavirus – Active Screening Tool		
1.	•New or worsening cough •Shortness of breath •Difficulty Breathing •Sore throat •Difficulty Swallowing •Decrease or lose of sense of taste or smell •Chills •Headaches	•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:**_____

*** ALL Coaches, Parents, or Guardians that are attending must ensure ONLINE FORM is completed and in person questions meet requirements and suitable to participate/attend**

	Player Name	Coach / Parent / Guardian attending session	Contact # or Email	Q.1 Yes/No	Q.2 Yes/No	Q.3 Yes/No	Q.4 Yes/No	Suitable to participate or attend
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								