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| **TEAM:** | |
| **DIVISION:** | |
| **HEAD COACH:** | |

| Coronavirus – Active Screening Tool | | |
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| 1. | •New or worsening cough<br>•Shortness of breath<br>•Difficulty Breathing<br>•Sore throat<br>•Difficulty Swallowing<br>•Decrease or lose of sense of taste or smell<br>•Chills<br>•Headaches | •Nausea/vomiting<br>•Unexplained fatigue/malaise<br>•Diarrhea<br>•Abdominal pain<br>•Pink eye (conjunctivitis)<br>•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 |
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