



## COVID-19 SCREENING

Health screenings are only valid for the day they are completed.  
Parents/guardians can fill this out on behalf of a child.

Name (first and last) \_\_\_\_\_

Date \_\_\_\_\_

Rapids Team Name \_\_\_\_\_

Participant Category  Athlete  Coaching Staff  Volunteer  Other

### Screening questions:

1. Are you currently experiencing any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions you currently have:

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher and/or chills

Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

Shortness of breath Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)

Decrease or loss of taste or smell (not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have)

Nausea, vomiting and/or diarrhea (not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have)

None of the above

2. Is someone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? *If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."*

Yes  No



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3. In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19? *If public health has advised you that you do not need to self-isolate, select “No.”*

Yes  No

4. In the last 10 days, have you received a COVID Alert exposure notification on their cell phone? *If you already went for a test and got a negative result, select “No.”*

Yes  No

5. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine as per the federal quarantine requirements AND/OR is the student/child under the age of 12 and not fully vaccinated?

Yes  No

6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? *This can be because of an outbreak or contact tracing.*

Yes  No

7. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit? *If you have since tested negative on a lab-based PCR test, select “No.”*

Yes  No

If you are experiencing any symptoms of COVID-19 and/or have answered ‘yes’ to any of these questions, do not attend OVA or Club activities. Contact your Club for further instructions.