

**HEALTH SCREENING QUESTIONNAIRE (MANDATORY) UPDATED July 8, 2020**

This questionnaire must be completed by each skater/family **prior** to participation in EACH training session, whether at your Skate Canada Club or Skating School or with a Skate Canada Professional Coach at another training location. A Club or Skating School employee or volunteer will collect the questionnaire.

If an individual in your party answers **YES** to any of the questions, they must **not** be allowed to participate in the sport or activity. Children and youth will need a parent to assist them to complete this screening tool.

1.	Do you/your child have any new onset (or worsening) of any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Cough	YES	NO
	Shortness of breath / Difficulty breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny nose / Nasal congestion	YES	NO
	Feeling unwell / Fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle / joint aches (unrelated to training)	YES	NO
	Headache	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Has the person attending the activity / facility travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you/your child had close, <u>unprotected</u> * contact (face to face contact within 2 metres/ 6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4.	Have you/your child attending the program or activity had close <u>unprotected</u> * contact (face to face contact within 2 metres/ 6 feet) in the last 14 days with someone who is ill**?	YES	NO
5.	Have you/your child or anyone in your household been in close, <u>unprotected</u> * contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

\* “unprotected” means close contact without appropriate personal protective equipment

\*\* “ill” means someone with COVID-19 symptoms on the list above

If you have answered YES to any of the above questions do not participate. Proceed home and use the [AHS Online Health Assessment Tool](#) to determine if testing is recommended

The health and safety of our members, visitors and staff remain Wetaskiwin Skating Club's overriding priority. As the coronavirus pandemic situation continues to evolve, we will continue to update Club operations.

At this time, to prevent the spread of illness and reduce potential risk we require you to please complete the screening questions on the reverse page. Your participation is required and is important to help us take precautionary measures to protect our Club, Membership and Staff. We appreciate your time and honesty.

List Skaters:	
Non-skating Family/Guests:	
Date of Visit:	
Personal Phone Number:	Signature

Signing this document means you have read and understood the COVID-19 SCREENING (ON REVERSE) and are eligible to participate/attend/spectate according to Government of Alberta and Skate Alberta Return to Play guidelines. I, my family member and guest will comply with physical distancing/masking protocols as required by the Government of Alberta and the City of Wetaskiwin.

