

## NMHA COVID-19 Screening Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of event: \_\_\_\_\_ Date & time of event: \_\_\_\_\_

Attending the event as a (circle one):      Participant/Player      Spectator

Team Staff      Referee      Time Keeper      Safety Officer

Age level (circle one): U7   U9   U10   U11   U12   U13   U14   U15   U16   U18

Name of your hockey association: \_\_\_\_\_

### Screening Questions

Note: for the purposes of this questionnaire, fully vaccinated means that it has been at least 14 days since receiving: Your second dose of an accepted two-dose COVID-19 vaccine or a combination of accepted vaccines (Moderna, Pfizer-BioNTech, or AstraZeneca), OR Your only dose of the single-dose COVID-19 vaccine series of Janssen (Johnson & Johnson)

**If you answer yes to any of the following questions and/or are experiencing any of the symptoms listed, you are NOT cleared to attend the NMHA activity. Please stay home and contact Ottawa Public Health 613-580-6744 for further guidance.**

Q 1) Have you traveled outside of Canada in the last 14 days? If exempt from federal quarantine requirements, select "No".

Yes                  No

Q 2) Have you been in close contact with someone who has tested positive for COVID-19 in the past 14 days? If you are fully vaccinated and have not been advised to self-isolate by your doctor, health care provider, or public health unit, select "No".

Yes                  No

Q 3) In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you are fully vaccinated and/or already went for a test and got a negative result, select "No".

Yes                  No

Q 4) Has a doctor, health care provider, or public health unit told you that you should currently be isolating or staying at home? (This can be because of an outbreak or contact tracing.)

Yes                  No

Q 5) For the following question: If you are fully vaccinated, select "No". If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".

Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms (e.g. cough, fever, difficulty breathing, runny nose)?

Yes                  No

Q 6) 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, answer "No".

Yes                  No

Q 7) Do you have any of the following symptoms? Circle any/all that are new or worsening, and NOT related to other known causes or conditions or seasonal allergies.

Fever and/or chills

Cough or barking cough (croup)

Shortness of breath

Decrease or loss of taste or smell

Sore throat or difficulty swallowing

Runny or stuffy/congested nose

Pink eye

Digestive issues like nausea/vomiting, diarrhea, stomach pain

Falling down often

No symptoms

Q 8) Circle any/all that are new, worsening, and NOT related to other known causes or conditions. If you had a COVID-19 vaccine in the last 48 hours and symptoms started AFTER receiving the COVID-19 vaccine, do not select any symptoms.

Do you have any of the following three symptoms?

Headache

Muscle aches/joint pain

Extreme tiredness

No symptoms