

MANDATORY COVID-19 SCREENING QUESTIONS

1. Do you have any COVID-19 related symptoms?
(Fever or chills, difficulty in breathing or shortness of breath, cough, sore throat, nasal congestion etc.)

Oui Non

2. Have you travelled outside of Canada in the past 14 days?

Oui Non

3. Have you had close contact with a confirmed or probable case of COVID-19?

Oui Non

4. In the last 14 days, have you participated in another “bubble” for another team?
 (“Bubble” is no more than 50 participants & players)

Oui Non

5. Do you live within the **EOHU** (Eastern Ontario Health Unit) limits?

Oui Non

Please print full name

Date (ddmmyy)

Signature: _____