

### Appendix A- Health Screening Questionnaire

This questionnaire must be completed by each individual daily prior to participation in each club activity.

This questionnaire may be completed verbally.

The answer to all questions must be “No” in order to participate in each club activity.

All completed questionnaires will be filed by date in a binder to be kept with club records.

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Do you have a fever? (a temperature of 37.8C or higher)**

- Yes
- No

**2. Do you have any of the following symptoms?**

• Cough

- Yes
- No

• Shortness of breath

- Yes
- No

• **Runny nose, sneezing or nasal congestion (not related to other known causes such as seasonal allergies etc.)**

- Yes
- No

• **Sore throat**

- Yes
- No

• Difficulty swallowing

- Yes
- No

• Lost sense of taste or smell

- Yes
- No

**3. Have you or someone in your household travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?**

- Yes
- No

**4. Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?**

- Yes
- No

**If an individual answers “Yes” to any of these questions, they are not permitted to participate in any club activities.**