



Newmarket Minor Hockey Association

Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in each on-ice or off-ice activity.

Parent/Player/Participant: _____

Date: _____ **Time:** _____

The answer to all questions must be “**NO**” in order to participate in any and all activity. Are you currently experiencing any of these symptoms?

Do you have a fever? (hot to the touch, temp. of 37.8C or higher) Yes No

Chills? Yes No

Cough that's new or worsening? (*continuous, more than usual*) Yes No

Barking cough, making a whistling noise when breathing? (croup) Yes No

Shortness of breath? (out of breath, unable to breathe deeply) Yes No

Sore throat? Yes No

Difficulty swallowing? Yes No

Runny nose, sneezing or nasal congestion (*not related to seasonal allergies or other known causes or conditions*) Yes No

Lost sense of taste or smell? Yes No

Pink eye (conjunctivitis)? Yes No

Headache that is unusual or long lasting? Yes No

Digestive issues? (nausea/vomiting, diarrhea, stomach pain) Yes No

Muscle aches? Yes No

Extreme tiredness that is unusual? (fatigue, lack of energy) Yes No

Falling down often? Yes No

For young children and infants: sluggishness or lack of appetite Yes No



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For the remaining questions, close physical contact means:

Being less than 2 metres away in the same room, workspace, or area for over 15 minutes

Living in the same home

1. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Yes No

2. In the last 14 days, have you been in close physical contact with a person who either:

Is currently sick with a new cough, fever, or difficulty breathing; OR returned from outside of Canada in the last 2 weeks? *(This does not include essential workers who cross the Canada-US border regularly.)*

Yes No

3. Have you travelled outside of Canada in the last 14 days? *(This does not include essential workers who cross the Canada-US border regularly.)*

Yes No

If an individual has answered “YES” to any of these questions, they are NOT permitted to participate in any on-ice or off-ice activities.

Please note: This Health Screening questionnaire has been developed based on the Ontario Ministry of Health Self-Assessment Tool (September 14, 2020).

