



Wood Buffalo Hockey League Covid Checklist

Players Name _____

Date _____

All players need to fill out this checklist prior to participating in the activity. If a player answers **YES** to any of the questions, **they will not be allowed to participate in the activity.** Players will need a parent to assist them to complete this screening tool. As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

1. Does the attendee 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 - YES NO
- Headache - YES NO
- Conjunctivitis (commonly known as pink eye) - YES NO

2. Has the attendee travelled outside of Canada in the last 14 days? - YES NO

3. Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?
- YES NO

4. Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days? - YES NO

Guardians Signature _____ Verified by Safety Officer _____