



COVID-19 Screening Tool & Attestation of Health

Individuals must complete the COVID-19 Screening Tool before their practice/game/activity. Attestation may be completed verbally at the entry door of the facility. All answers must be “No” in order to participate in any activity.

* “Individual” includes an athlete, coach, volunteer, employee, or parent/spectator.

1. In the last 10 days have you experienced any of the symptoms below? *If you are considered “fully vaccinated” by the province of Ontario, you experienced the symptom(s) over 5 days ago, the symptoms have been improving for over 48 hours AND you do not have a fever, select ‘no’.*

For symptoms that are new or worsening, or different from an individual’s baseline health, select ‘yes’.

Date:	Yes	No
Fever and/or chills	<input type="checkbox"/>	<input type="checkbox"/>
Cough or barking cough (croup)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Runny or stuffy/congested nose	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat or painful or difficulty swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Unusual or long lasting headache	<input type="checkbox"/>	<input type="checkbox"/>
Unusual or long lasting muscle aches/joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Digestive issues (such as nausea, vomiting, diarrhea, stomach pain)	<input type="checkbox"/>	<input type="checkbox"/>
Unusual tiredness or lack of energy	<input type="checkbox"/>	<input type="checkbox"/>

2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per federal requirements)? Yes No

3. Has a doctor, health care provider or public health unit told you that you should currently be self-isolating (staying at home)? Yes No

4. In the last 10 days, have you tested positive for COVID-19? *If you are fully vaccinated OR under 12 years of age and not immune compromised and the test was more than 5 days ago, select ‘No’.* Yes No

5. Do you live with someone who is currently isolating because of COVID-19 symptoms or a positive COVID-19 result, or someone who is waiting for a COVID-19 test result? Yes No

If you answered ‘yes’ to any of the above questions, you will be asked to stay home in accordance with current public health guidelines and you are encouraged to [take a self-assessment](#) to determine what you should do next.

I acknowledge that I have read the above questionnaire carefully and answered honestly to the best of my ability. Yes No

I acknowledge that I have read ONPARA’s most recent ‘Return to Sport’ guidelines. Yes No

Name: _____

Parent/Guardian (if under 18): _____