



Gananoque Minor Hockey Health Screening Questionnaire



This questionnaire must be completed by each individual prior to participating in each on-ice or off-ice activity. It may be completed verbally.

Are you currently experiencing any of these issues? Call 911 if you are.

- Severe difficulty breathing (struggling for each breath, can only speak in single words)
- Severe chest pain (constant tightness or crushing sensation)
- Feeling confused or unsure of where you are
- Losing consciousness If you are in any of the following at risk groups, we ask that you speak with your physician prior to participating.
- Getting treatment that compromises (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
- Having a condition that compromises (weakens) your immune system (for example, lupus, rheumatoid arthritis, immunodeficiency disorder)
- Having a chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma, heart condition, COPD)
- Regularly going to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment)

The answer to all questions must be NO in order to participate in any and all activity.

1. Are you currently experiencing any of these symptoms?

	YES/NO
Do you have a fever? (feeling hot to the touch, temperature greater than 37.8C or higher)	
Chills	
Cough that is new or worsening (Continuous, more than usual)	
Barking cough, making a whistling noise when breathing (Croup)	
Shortness of breath (out of breath, unable to breathe deeply)	
Sore throat	
Difficulty swallowing	
Running nose, sneezing or nasal congestion (not related to seasonal allergies etc)	
Lost sense of taste or smell	
Pink Eye	
Headache that is unusual or long lasting	
Digestive issues (nausea/vomiting, diarrhea, stomach pain)	
Muscle aches	
Extreme tiredness that is unusual (fatigue)	
Falling down often	
For young children and infants: sluggishness or lack of appetite	

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.

2. In the last 14 days have you:

	YES/NO
been in close physical contact with someone who tested positive for COVID-19?	
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.)	
travelled outside of Canada in the last 14 days? (This does not include essential workers who cross the Canada-US border regularly.)	

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