

# WMLA HEALTH SCREENING FORM

Today's Date - \_\_\_\_\_

Players Name (First, Last) - \_\_\_\_\_

Do you have chills? \*

Yes          No

Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher) \*

Yes          No

Do you have any of the following symptoms? \*

- Cough that's new or worsening(continuous, more than usual)
- Barking Cough, making a whistling noise when breathing
- Shortness of Breath (out of breath, unable to breath deeply)
- Runny nose, sneezing (not related to seasonal allergies or other known causes or conditions)
- stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Sore throat
- Difficulty Swallowing
- Loss of sense of taste or smell
- Pink eye
- Headache that is unusual or long lasting
- Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)
- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite
- None of the above \_\_\_\_\_

In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19? Close physical contact means: being less than 2 metres away in the same room, workspace, or area; living in the same home. \*

Yes          No

In the last 14 days, have you been in close physical contact with a person who is currently sick with a new cough, fever, or difficulty breathing? \*

Yes      No

In the last 14 days, have you been in close physical contact with someone who returned from outside of Canada in the last 2 weeks, and is not an essential worker with exemption from mandatory quarantine? \*

Yes              No

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

**PARENTS GUARIDAN Signature (if under 18)**

**Players Signature (If over 18)**

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#### SUMMARY

If an individual answers "yes" to any of these questions, they are not permitted to participate in today's session.

Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.

Submit