



West Colchester United Arena
COVID-19 Screening Form
(to be completed prior to entering the Arena)

1. In the past 48 hours have you had, or are you currently experiencing any of these symptoms?

Fever (i.e Chills and/or sweats **OR** Cough Yes No
(New or worsening)

OR two or more of the following symptoms
(New or worsening)

Sore throat Yes No

Runny Nose/ nasal congestion Yes No

Headache Yes No

Shortness of breath Yes No

2. Have you travelled outside of the Atlantic Provinces/Canada or had close contact with anyone that has travelled outside of Atlantic Provinces/Canada in the past 14 days?

Yes No

Participants Name: _____

Signature: _____ (Parent/Guardian Signature if under 18)