

West Colchester United Arena

COVID–19 Screening Form For Family Skate & Sticks & Pucks

(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 (New or worsening)

Yes No

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

Sore throat

Runny Nose/ nasal congestion Headache

Shortness of breath

Yes No

Yes No

Yes No

Yes No

1. 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(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: (Parent/Guardian Signature if under 18)

Phone Number (Contact):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_