

HOCKEY EASTERN ONTARIO



Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in any HEO sanctioned activity.

The answer to all questions must be "No" in order to participate in each club activity.			
1.	Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)		
2.	Yes No 2. Do you have any of the following symptoms?		
	• Cough	☐ Yes	□ No
	Shortness of breath	Yes	□ No
	 Runny nose, sneezing or nasal congestion 	Yes	■ No
	Sore throat	☐ Yes	□ No
	Difficulty swallowing	☐ Yes	□ No
	Lost sense of taste or smell	Yes	■ No
3.	Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?		
	☐ Yes ☐ No		
4.	Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?		
	☐ Yes ☐ No		
n individual answers "Yes" to any of these questions, they are not permitted to participate in HEO sanctioned activities.			

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