

COVID-19 Health Screening Customers and Public



- ▶ 1. Do you have any of the following new or worsening symptoms or signs of COVID-19? Symptoms should not be chronic or related to other known causes or conditions. Refer to the Ontario COVID-19 Customer Screening for more information on symptoms.

For example:

- Fever and/or chills
- Shortness of breath
- Cough or barking cough (croup)
- Decrease or loss of smell or taste
- (For adults ≥ 18 years or older) extreme tiredness
- (For children ≤ 18 years) nausea, vomiting and/or diarrhea
- Muscle aches

If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select **"No"**.

- ▶ 2. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing tiredness, muscle aches, and/or joint pain that only began after vaccination, select **"No"**. If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select **"No"**.
- ▶ 3. In the last 14 days, have you, or someone in your household travelled outside of Canada, and been advised to quarantine per the federal quarantine requirements?
- ▶ 4. In the last 10 days, have you, or someone in your household been identified as a "close contact" of someone who currently has COVID-19?
 - If public health has advised you that you do not need to self-isolate (e.g., you are fully vaccinated* or have tested positive for COVID-19 in the last 90 days and since been cleared), select **"No"**.
- ▶ 5. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?
 - If you are have already gone for a test and got a negative result, select **"No"**.
 - If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select **"No"**.
- ▶ 6. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?
 - If you have since tested negative on a lab-based PCR test, select **"No"**.
- ▶ 7. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?
 - If you already went for a test and got a negative result, select **"No"**. If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select **"No"**.

If you answer **YES** to any of these questions, **please delay your visit and self-isolate** right away. Contact your health care provider or Telehealth (**1-866-797-0000**) for next steps.

2021 Blueline Tournament Covid-19 Screening & Tracing Form



This form must be completed prior to each game.

Team Name: _____ Arena: _____

Date: _____ Time: _____

Player List

Please check the box if the individual has answered NO to ALL of the Ontario COVID-19 customer screening questions

Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>
Name: _____	<input type="checkbox"/>	Name: _____	<input type="checkbox"/>

Coaching Staff

Please check the box if the individual has answered NO to ALL of the Ontario COVID-19 customer screening questions

Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>

2021 Blueline Tournament Covid-19 Screening & Tracing Form



This form must be completed prior to each game.

Spectator List

Please check the box if the individual has answered NO to ALL of the Ontario COVID-19 customer screening questions

Name: _____ Phone#: (____)____ - _____

Name: _____ Phone #: (____)____ - _____

Name: _____ Phone#: (____)____ - _____

Name: _____ Phone #: (____)____ - _____

Name: _____ Phone#: (____)____ - _____

Name: _____ Phone #: (____)____ - _____

Name: _____ Phone#: (____)____ - _____

Name: _____ Phone #: (____)____ - _____

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Name: _____ Phone #: (____)____ - _____

Name: _____ Phone#: (____)____ - _____

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Name: _____ Phone #: (____)____ - _____

Name: _____ Phone#: (____)____ - _____

2021 Blueline Tournament Covid-19 Screening & Tracing Form



This form must be completed prior to each game.

Spectator List

Please check the box if the individual has answered NO to ALL of the Ontario COVID-19 customer screening questions

Name: _____	Phone#: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone#: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
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Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
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Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
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Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>
Name: _____	Phone #: (____) _____ - _____	<input type="checkbox"/>