KITCHENER MINOR HOCKEY ASSOCIATION

KITCHENER

KMHA Fallfest Tournament

Covid-19 Screening & Tracing Form

Friday, November 26 - Sunday, November 28

This form must be completed prior to each game.

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.

KMHA Fallfest Tournament
Covid-19 Screening & Tracing Form

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: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐
Name: _____ ☐	Name: _____ ☐

Coaching Staff

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 #:(____)_____-_____ ☐

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KITCHENER MINOR HOCKEY ASSOCIATION

KITCHENER

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 #:(____)______-______ ☐

Name:____________________ Phone#: (____)______-______ ☐

Name:____________________ Phone #:(____)______-______ ☐

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Name:____________________ Phone #:(____)______-______ ☐

Name:____________________ Phone#: (____)______-______ ☐

Name:____________________ Phone #:(____)______-______ ☐

Name:____________________ Phone#: (____)______-______ ☐

Name:____________________ Phone #:(____)______-______ ☐

Name:____________________ Phone#: (____)______-______ ☐

Name:____________________ Phone #:(____)______-______ ☐

Name:____________________ Phone#: (____)______-______ ☐

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Spectator List

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

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