

COVID 19 SCREENING & WAIVER

Facility: BMA RA OTHER

1. Are you currently experiencing any of these symptoms? Please circle

- Chills Yes No
- Cough that's new or worsening (continuous, more than usual) Yes No
- Barking cough, making a whistling noise when breathing (croup) Yes No
- Shortness of breath (out of breath, unable to breathe deeply) Yes No
- Sore throat Yes No
- Difficulty swallowing Yes No
- Runny nose, sneezing or nasal congestion (not related to seasonal allergies or other known causes or conditions) Yes No
- Lost sense of taste or smell Yes No
- Pink eye (conjunctivitis) Yes No
- Headache that's unusual or long lasting Yes No
- Digestive issues (nausea/vomiting, diarrhea, stomach pain) Yes No
- Muscle aches Yes No
- Extreme tiredness that is unusual (fatigue, lack of energy) Yes No
- Falling down often Yes No
- For young children and infants: sluggishness or lack of appetite - Yes No

For the remaining questions, close physical contact means being less than 2 metres away in the same room, workspace, or area for over 15 minutes living in the same home

2. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19? Yes No

3. In the last 14 days, have you been in close physical contact with a person who either:

- Is currently sick with a new cough, fever, or difficulty breathing; OR Returned from outside of Canada in the last 2 weeks? Yes No

4. Have you travelled outside of Canada in the last 14 days? Yes No

STAFF USE: INDICATED FEVER? YES NO

WAIVER/RELEASE: The undersigned agrees that, in using the facilities at Municipality of Chatham –Kent he/she does so entirely at their own risk and hereby releases the Municipality of Chatham-Kent, its staff and suppliers from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid19.

DATE _____ PLAYER AGE ____ GUARDIAN NAME _____ (IF UNDER 18 YEARS)

NAME _____ SIGNATURE _____

Current Temperature : _____ PHONE NUMBER : _____