ONTARIO HOCKEY FEDERATION

Health Screening Questionnaire

This questionnaire must be completed by each individual prior to participation in each on-ice or off-ice activity. This questionnaire may be completed verbally.

Are you currently experiencing any of these issues? Call 911 if you are.

1. Severe difficulty breathing (struggling for each breath, can only speak in single words)
2. Severe chest pain (constant tightness or crushing sensation)
3. Feeling confused or unsure of where you are
4. Losing consciousness

If you are in any of the following at risk groups, we ask that you speak with your physician prior to participating.

1. 70 years old or older
2. Getting treatment that compromises (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
3. Having a condition that compromises (weakens) your immune system (for example, diabetes, emphysema, asthma, heart condition)
4. Regularly going to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment)

The answer to all questions must be "No" in order to participate in any and all activity.

1. Are you currently experiencing any of these symptoms?

   Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

   Yes No

   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? Close physical contact means:

   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

If an individual has answered "Yes" to any of these questions, they are not permitted to participate in any on-ice or off-ice activities.

Please note: This Health Screening questionnaire has been developed based on the Ontario Ministry of Health Self-Assessment Tool (June 17, 2020).