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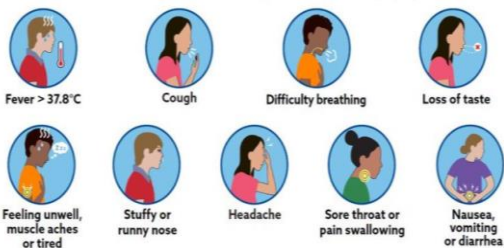
COVID-19 Screening Passport for Adult Skaters

Bring your signed passport to each skating session

Name: _____

BEFORE COMING TO YOUR SKATING CLASS.... Each skater is required to be screened for COVID-19 symptoms. This questionnaire must be completed by each skater prior to participation in each on-ice or off-ice club activity. This includes participation in sessions on rented ice outside of a club setting.

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.



2. Have you travelled outside of Canada in the past 14 days AND has been advised to quarantine as per the federal quarantine requirements?

3. Has a doctor, health care provider, or public health unit told you that you should be isolating (staying at home) currently?

4. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID ?

Adapted from the current Ontario Ministry of Health screening tool for businesses and organizations as per Skate Ontario.

For details and explanation of the questions, please visit https://covid-19.ontario.ca/covid19-cms-assets/2021-08/EN_Patron_Screening_v8-21-08-27%20FINAL.pdf

5. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?

6. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

7. In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements) in the last 14 days?

8. In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate in the last 10 days?

9. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you answer "YES" to any of the above questions **STAY HOME !**

I _____ do not have any of the symptoms/risk factors listed above.

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