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Parent/Skater's
Signature: _____

Date: _____

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Signature: _____

Date: _____

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Signature: _____



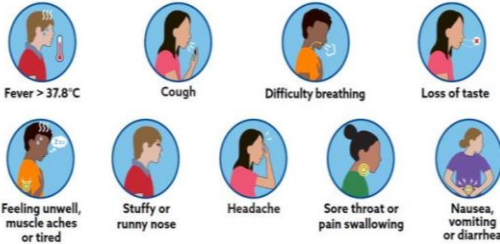
COVID-19 Screening Passport (For School Age Skaters)

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 (or their guardian for those under the age of 18) 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.

Bring your signed passport to each skating session

1. Is the skater currently experiencing any of these symptoms?



2. Did the skater receive their final (or second in a two-dose series) COVID-19 vaccination dose more than 14 days ago, OR have they tested positive for COVID-19 in the last 90 days and have since been cleared?

If Yes, skip 3, 4, 5

3. Is someone that the skater lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

4. In the last 10 days, has the skater been identified as a “close contact” of someone who currently has COVID ?

Adapted from the current Ontario Ministry of Health screening tool for students and children in school as per Skate Ontario.
For details and explanation of the questions, please visit https://covid-19.ontario.ca/covid19-cms-assets/2021-08/COVID_screening_Student_Child%20Care_AODA.pdf

5. In the last 10 days, has the skater received a COVID Alert exposure notification on their cell phone?

6. Has the skater travelled outside of Canada in the past 14 days AND has been advised to quarantine as per the federal quarantine requirements AND/OR is the skater under the age of 12 and is not fully vaccinated?

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

8. In the last 10 days, has the skater tested positive on a rapid antigen test or a home-based self-testing kit?

If you answer “YES” to question 1 or any questions from 3 to 8
STAY HOME !

My child _____ does not have any of the symptoms/risk factors listed above.

Date: _____

Parent/Guardian’s Signature: _____

Date: _____

Parent/Skater's Signature: _____

Date: _____

Parent/Skater's Signature: _____

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