

Date: _____

Parent/Skater's
Signature: _____

Date: _____

Parent/Skater's
Signature: _____

Date: _____

Parent/Skater's
Signature: _____

Date: _____

Parent/Skater's
Signature: _____

Date: _____

Parent/Skater's
Signature: _____



COVID-19 Screening Passport

Name: _____

BEFORE ENTERING THE SKATING RINK.... 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

- Do you (or your skater under 18 years-old) have any of the following?



Fever



Runny Nose



Cough



Shortness
of Breath



Sore Throat,
Difficulty Swallowing



Loss of
Smell & Taste

Adapted from Skate Ontario's Health Screening Questionnaire Version 4.0 – September 24, 2020, which has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.

- Have you (or the skater under 18 years-old) travelled outside of Canada in the past 14 days without a Government of Canada Travel Exemption*?



- Have you (or the skater under 18 years-old) had close contact in the past 14 days with anyone with a confirmed case of COVID-19, without the consistent and appropriate use of personal protective equipment?



If you answer "YES" to any of these questions, stay home and self-isolate right away. Call Telehealth (1-866-797-0000) or your health care provider to see if you need a test.

I /My child _____
do(es) not have any of the symptoms/risk factors listed above.

Date: _____

Parent (of skater under 18)/Skater's Signature:

Date: _____

Parent/Skater's Signature: _____

Date: _____

Parent/Skater's Signature: _____

Date: _____

Parent/Skater's Signature: _____

Date: _____

Parent/Skater's Signature: _____

Date: _____

Parent/Skater's Signature: _____

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