

# Daily Health Screening Questionnaire

## North Shore Stars Volleyball Club

This questionnaire must be completed by each individual prior to participation in each club activity. The answer to all questions must be "No" in order to participate in each club activity.

1. Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher) Y / N
2. Do you have any of the following symptoms? Y / N
  - a. Cough
  - b. Shortness of breath
  - c. Runny nose, sneezing or nasal congestion (not related to other known causes such as seasonal allergies, etc.)
  - d. Sore throat
  - e. Difficulty Swallowing
  - f. Lost sense of taste or smell
3. Have you travelled outside of Canada in the past 14 days? Y / N
4. Have you been taking care of or living with anyone that has travelled outside of Canada in the past 14 days? Y / N
5. Have you taken care of or lived with anyone in the past 14 days who has a new cough, fever or difficulty breathing or a confirmed case of COVID-19? Y / N

If an individual answers "Yes" to any of these questions, they are not permitted to participate in any club activities until they are able to answer "No" to all questions.

Name of athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of athlete: \_\_\_\_\_

Signature of parent: \_\_\_\_\_