



COVID-19 SELF-SCREENING TOOL

Self-screening must be completed by all SSC participants prior to every club activity - no exceptions!
All players must be full vaccinated against COVID-19 or carry a valid medical exemption.

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

If you start experiencing symptoms during an activity, please stop playing and head home immediately.

Do you have one or more of the COVID-19 symptoms below that are new or worsening?

Symptoms should not be chronic or related to other known causes or conditions.

Fever and/or chills	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Cough or barking cough (croup)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Shortness of breath	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Decrease or loss of smell or taste	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Fatigue and/or muscle aches/joint pain	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Nausea/Vomiting, and/or diarrhea	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.

YES NO

IF AN INDIVIDUAL ANSWERS "YES" TO ANY OF THESE QUESTIONS, THEY ARE NOT PERMITTED TO PARTICIPATE IN ANY SPORT & SOCIAL CLUB ACTIVITIES.
