

COVID-19 SELF-SCREENING TOOL



Self-screening must be completed by all SSC participants prior to every club activity – no exceptions!

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 a fever? YES NO

Do you have any of the following symptoms?

Cough YES NO

Shortness of breath / Difficult breathing YES NO

Non-allergy Runny-nose, sneezing, nasal congestion YES NO

Sore throat YES NO

Difficulty Swallowing YES NO

Lost sense of smell or taste YES NO

Feeling unwell / fatigued or chills YES NO

Nasua, vomiting, diarrhea YES NO

Headache YES NO

Unexplained loss of appetite YES NO

Muscle or joint aches YES NO

Conjunctivitis YES NO

Are you currently required to be in quarantine due to exposure, travel, advise from a medical professional, or other reasons?

YES NO

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

YES NO

In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19, or received a COVID-19 Alert Exposure Notification on your cell phone?

YES NO

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