



RETURN ^{to} HOCKEY

COVID-19 RESPONSE

COVID-19 Pre-Screening Template

IMPORTANT – This is only for information always refer to your public health authority and your Hockey Canada Member with respect to their screening requirements

It is important to check with your public health authority and Hockey Canada Member for any specific requirements they have in this area.

It is crucial that any participant not attend a hockey activity if they are feeling ill, suspect they may have COVID-19 or have tested positive for COVID-19. Many public health authorities are requiring that pre-activity screening be part of any prevention plans.

The following is a generic template that illustrates an example of a screening tool.

Before attending each hockey activity, participants should complete the following self-assessment:

Step 1

Do you have any ONE of the following symptoms?

YES | NO

- Fever (i.e. chills, sweats)
- Dry cough
- Shortness of breath
- Runny nose
- Aches and pains
- Unusual fatigue
- Sore throat
- Diarrhea
- Nausea or vomiting
- Eye infection
- Headache
- Loss of taste or smell
- Skin rash or discolouration of fingers and toes

If you answer YES to this question, please call your physician and public health authority. You must stay out of the hockey environment until all public health authority and Member steps are complete. You will require a note from your physician or public health authority to return to the hockey environment.

You can also assess your condition by visiting your provincial/territorial self-assessment tool, which can be accessed [HERE](#).

Step 2

Does someone you reside with have any ONE of the following symptoms?

YES | NO

- Fever (i.e. chills, sweats)
- Dry cough
- Shortness of breath
- Runny nose
- Aches and pains
- Unusual fatigue
- Sore throat
- Diarrhea
- Nausea or vomiting
- Eye infection
- Headache
- Loss of taste or smell
- Skin rash or discoloration of fingers and toes

If you answer YES to this question, please call your physician and public health authority. You must stay out of the hockey environment until all public health authority and Member steps are complete. You will require a note from your physician or public health authority to return to the hockey environment.

Step 3

1. Have you or someone you reside with travelled outside of Canada in the past 14 days? YES | NO

2. Within the last 14 days, did you or someone you reside with provide care or have close contact with a symptomatic person known or suspected to have COVID-19? YES | NO

3. Did you or someone you reside with have close contact with a person who travelled outside of Canada in the last 14 days and has become ill (see symptoms in Step 1)? YES | NO

Close contact means:

- Provided care for the individual, including health-care workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment; or
- Lived with or otherwise had close prolonged contact (within two metres) with the person while they were infectious; or
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

If you answer YES to any of the questions in step 3, please call your physician and public health authority. You need to stay out of the hockey environment until all public health authority and Member steps are complete. You will require a note from your physician or public health authority to return to the hockey environment.