

Southwest Hockey Association

TeamSnap Health Check – Hard Copy



Name of Attendee:	
Date of Activity:	
Start Time of Activity:	
Arena / Facility:	
Team Name: <i>(Refer to TeamSnap)</i>	

Has the attendee traveled outside Canada in the last 14 days? Yes No

Has the attendee, in the last 14 days, been in close contact with a confirmed or possible case of COVID-19?
 Yes No

Core Symptom: Does the attendee have a FEVER (38 degrees or higher)?
 Yes No

Core Symptom: Does the attendee have a COUGH, that is NOT related to other known conditions; such as asthma?
 Yes No

Core Symptom: Does the attendee have SHORTNESS OF BREATH, that is NOT related to other known conditions; such as asthma?
 Yes No

Core Symptom: Does the attendee have a LOSS OF SENSE OF SMELL, that is NOT related to other known conditions; such as allergies?
 Yes No

Other Symptoms: Does the attendee have 'CHILLS', or RUNNY NOSE, that is NOT related to other known conditions, or from being outside in cold weather?
 Yes No

Other Symptoms: Does the attendee feel UNWELL, have a SORE THROAT, NAUSEA, or LOSS OF APPETITE, MUSCLE ACHE, that is NOT related to known conditions?
 Yes No

Other Symptoms: Does the attendee have a HEADACHE, that is NOT related to other known conditions?
 Yes No

Other Symptoms: Does the attendee have CONJUNCTIVITIS; also known as pink-eye?
 Yes No

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

