



Risk Assessment: Screening Questions

BOB ACTON
SPORTS

Child Name:

Parent Name:

Parent Contact number:

Date:

Please Check

		YES	NO
1	Are you sick with a cold or flu or are you displaying COVID19 and/or flu-like symptoms?		
2	Do you have any of the following symptoms which are new or worsened is associated with allergies, conic or pre-existing: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?		
3	Have you returned from outside the province in the past 14 days?		
4	In the past 14 days, at work or elsewhere, did you have close contact with someone who has a probable or confirmed case of COVID19?		
5	In the past 14 days, at work or elsewhere, did you have close contact with a person who has acute respiratory illness that started within 14 days of their close contact to someone with a probable or confirmed case of COVID19?		
6	In the past 14 days, at work or elsewhere, did you have close contact with a person who has acute respiratory illness who returned from travel outside of the province in the 14 days before they became sick?		
7	In the past 14 days have you been directed by Pubic Heath to self-isolate?		

If you answered "YES" to any of the above questions you are not permitted to enter our facility or partake in our lessons.

To be completed by your coach:

Temperature check _____ By: _____