

Name of skater _____ Date _____

1. Has the child travelled outside Canada in the last 14 days?	YES	NO
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- If the child answered "YES" the child is required to quarantine for 14 days.
- If the child answered "NO" proceed to question 2.

2. Has the child had close contact with a case of COVID-19 in the last 14 days?	YES	NO
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- If the child answered "YES" the child is required to quarantine for 14 days from the last day of exposure.
- If the child answered "NO" proceed to question 3.

3. Does the child have any new onset (or worsening) of the following core symptoms?		
❖ Fever	YES	NO
❖ Cough	YES	NO
❖ Shortness of breath	YES	NO
❖ Loss of sense of taste or smell	YES	NO

- If the child answered "YES" the child is required to isolate for 10 days from onset of symptoms OR receive a negative COVID-19 test and feel better before returning to activities.
- If the child answered "NO" proceed to question 4.

4. Does the child have any new onset (or worsening) of the following other symptoms?		
❖ Chills	YES	NO
❖ Sore throat/painful swallowing	YES	NO
❖ Runny nose/congestion	YES	NO
❖ Feeling unwell/fatigued	YES	NO
❖ Nausea, vomiting and/or diarrhea	YES	NO
❖ Unexplained loss of appetite	YES	NO
❖ Muscle/joint aches	YES	NO
❖ Headache	YES	NO
❖ Conjunctivitis	YES	NO

- If the child answered "YES" to ONE symptom, keep your child home and monitor for 24 hours. If their symptom is improving after 24 hours, they can return to skating when they feel well enough to go.
- If the child answered "YES" to TWO OR MORE symptoms, keep your child home.
- If the child answered "NO" to all questions, your child may attend skating.