



CANSKATE

Name of Skater _____ Date _____

1. Has the child

- travelled outside Canada in the last 14 days? **YES / NO**
- had close contact with a case of COVID-19 in the last 14 days? **YES / NO**

If the child answered "NO" to both of the above, proceed to question 2.

2. Does the child have new onset (or worsening) of the following core symptoms

- fever, cough, shortness of breath, loss of sense of smell or taste **YES / NO**

If the child answered "YES" to any symptom in question 2, the child is to isolate for 10 days from onset of symptoms. Use the AHS online assessment tool to arrange for testing. If the child answered "NO" to all the symptoms in question 2, proceed to question 3.

3. Does the child have any new onset (or worsening) of the following symptoms

- chills, sore throat/painful swallowing, runny nose/congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, muscle/joint aches, headache, conjunctivitis **YES / NO**

If the child answered "YES" to ONE symptom in question 3, 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 symptom does not improve or worsens after 24 hours, use the AHS online assessment tool to check if testing is recommended.

*If the child answered "YES" to TWO OR MORE symptoms in question 3, keep your child home. Use the AHS online assessment tool to determine if testing is recommended. Your child can return to skating **once their symptoms go away** as long as it has been 24 hours since their symptoms started.*

Spectator's name _____

Spectator's contact number _____