

Covid-19 Self Assessment Questionnaire			
1. are you currently experiencing any of these symptoms?		YES	NO
Fever and or chills-temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher			
Coughing or barking cough(croup)-continuous, more than usual, making a whistling noise when breathing			
Shortness of breath			
decrease or loss of smell or taste-Not related to other known causes or conditions			
Sore throat or difficulty swallowing (more than 48 hours)			
Headache that's unusual or long lasting(more than 48 hours)			
Nausea, vomiting and/or diarrhea (more than 48 hours)			
Extreme tiredness that is unusual or muscle aches (more than 48 hours)			
Fatigue lack of energy			
2. Have you traveled outside of Canada in the last 14 days?			
3. In the last 14 days has a public health unit identified you as a close contact of someone who currently has Covid 19?			
4. Has a doctor, health care provider, or public health unit told you that they should currently be selfisolating (staying at home)			
5. In the last 14 days, have you received a Covid Alert Exposure			
If you answered "YES" to any of the symptoms or questions above:			
* contact the Huronia Stallions to let them know about the result			
* You should isolate (stay home) and contact public health			
* Talk with a doctor/health care provider to get advise or an assessment, including if you need a Covid-19 test			
If you answered "NO" to all questions, you are free to participate in football activities.			
Player/coach Name:			