

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. Is anyone you live with currently experiencing any new Covid 19 symptoms and /or waiting for test results after experiencing symptoms?		
6. In the last 10 days, have you tested positive on a rapid antigen test or home self testing kit?		
7. 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 advice 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:

Date: