



Georgetown Impact Volleyball Club
Health Screening Questionnaire

NAME: _____

DATE: _____

This questionnaire must be completed by each individual prior to participating in any Club activity or game play situation. This questionnaire may be completed verbally.

The answer to all questions must be "No" to participate.

1. Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

Yes No

2. Chills Yes No

3. Do you have any of the following symptoms?

- Cough that's new or worsening (continuous, more than usual) Yes No
- Barking cough, making a whistling noise when breathing Yes No
- Shortness of breath (out of breath, unable to breathe deeply) Yes No
- Runny nose
(*not related to seasonal allergies or other known causes or conditions*) Yes No
- *Stuffy or congested nose*
(*not related to seasonal allergies or other known causes or conditions*) Yes No
- Sore throat Yes No
- Difficulty swallowing Yes No
- Lost sense of taste or smell Yes No
- Pink eye Yes No
- Headache that is unusual or long lasting Yes No
- Digestive issues like nausea/vomiting, diarrhea, stomach pain
(*not related to other known causes or conditions*) Yes No

- Muscle aches that are unusual or long lasting Yes No
- Extreme tiredness that is unusual (fatigue, lack of energy) Yes No
- Falling down often Yes No
- For young children and infants: sluggishness or lack of appetite Yes No

4. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes No

5. In the last 14 days, have you been in close physical contact with a person who is currently sick with a new cough, fever, or difficulty breathing?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes No

6. In the last 14 days, have you been in close physical contact with someone who returned from outside of Canada in the last 2 weeks, and is not an essential worker with exemption from mandatory quarantine?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes No

7. Have you travelled outside of Canada in the last 14 days? (This does not include essential workers who cross the Canada-US border regularly).

Yes No

If an individual answers “yes” to any of these questions, they are not permitted to participate in any club activities.

Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.