

# HNO Participant Screening Registry



## Hockey Northwestern Ontario Participant Screening Registry

<b>Date:</b>	<b>Facility Name (location):</b>
<b>Start Time of Session:</b>	<b>End Time of Session:</b>
<b>Safety Rep:</b>	<b>Phone #:</b>

#	Player/Coach Name (first, last)	Team/Group	Contact Number	Answered "No" to all screening questions
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## **Participant Screening Questions**

1. Have you been in contact with anyone who has tested positive for COVID-19 in the past 14 day
2. Have you travelled internationally (including the United States) in the past 14 days?
3. In the last 24 hours have you had any of the following:
  - Fever or chills
  - New or worsening cough
  - Shortness of breath
  - Sore throat or difficulty swallowing
  - Running, stuffy or congested nose
  - Lost sense of smell or taste
  - Pink eye
  - Unusual or long lasting headache
  - Nausea, vomiting, diarrhea or stomach pain
  - Unusual muscle aches that can't be explained