
HOCKEY EASTERN ONTARIO



Health Screening Questionnaire

Date: _____

Name: _____

This questionnaire must be completed by each individual prior to participation in any HEO sanctioned activity.

The answer to all questions must be “No” in order to participate in each club activity.

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

Yes No

2. Do you have any of the following symptoms?

- Cough Yes No
- Shortness of breath Yes No
- Runny nose, sneezing or nasal congestion Yes No
- Sore throat Yes No
- Difficulty swallowing Yes No
- Lost sense of taste or smell Yes No

3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

Yes No

4. Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a confirmed case of COVID-19?

Yes No

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

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