



## KTSC Preregistration Health Survey

Athlete/Coach Name \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

All participants (or their parents or guardians if under 18 years) must complete this self assessment prior to beginning the season.

### Common COVID-19 symptoms:

- |   |  |
|---|--|
| <input type="checkbox"/> Fever (higher than 37.8 degrees Celsius) or chills | <input type="checkbox"/> Nausea, vomiting, or diarrhea               |
| <input type="checkbox"/> Runny nose or nasal congestion                     | <input type="checkbox"/> Loss of smell or taste                      |
| <input type="checkbox"/> New or worsening cough                             | <input type="checkbox"/> Muscle or joint aches                       |
| <input type="checkbox"/> Difficulty breathing                               | <input type="checkbox"/> Headache                                    |
| <input type="checkbox"/> Sore throat or trouble swallowing                  | <input type="checkbox"/> Conjunctivitis (commonly known as pink eye) |

### In the last 14 days, have you:

Developed any of the above SYMPTOMS or felt unwell? Yes  No

### Had CLOSE CONTACT with:

Someone with COVID-19-like symptoms? Yes  No

Someone with a confirmed case of COVID-19? Yes  No

Someone who has returned from TRAVEL outside of Canada and has developed SYMPTOMS or feels unwell?  
Yes  No

Returned from TRAVEL from outside of Canada? Yes  No

If YES to any of the questions above, **STAY AT HOME** and

- Stay home and self-isolate
- Report your absence and inform the COVID-19 Response Coordinator that your absence is possibly COVID-19 related
- Call a local Assessment Centre to get tested for COVID-19 and follow the direction
- Contact KTSC's COVID-19 Response Coordinator to discuss how to proceed with registration

Signature: \_\_\_\_\_  
(Parent Signature if under 18)

**Please submit completed questionnaire with registration.**