



Hockey Participant Health Screening - The Rinx

NAME: _____ GROUP: _____ DATE: _____

1. Do you currently have a fever of 100.4 degrees F or greater?

- No. Go to the next question. Yes. No further screening is needed.
The camper may not attend camp.

2. Have you had any of these symptoms in past 14 days?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Temperature _____

- No. Go to the next question.
 Yes. No further screening is needed. The camper may not attend camp.

3. Have you been in contact with a person who has COVID-19 in the past 14 days?

- No.
 Yes. The camper may not attend camp.
Unless they have a note from a doctor stating they can attend camp.

4. Have you had a positive COVID -19 test in the past 14 days?

- No.
 Yes. The camper may not attend camp.
Unless they have a note from a doctor stating they can attend camp.

The camper may attend camp if they have 4 "NO" boxes checked.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>