INTERLAKE MINOR HOCKEY SCREENING FORM

Visitor Questionnaire

1. Do you have a new onset of any of the following symptoms: fever / chills, cough, sore throat / hoarse voice, shortness of breath, loss of taste or smell, vomiting, or diarrhea for more than 24 hours?
2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?
3. Have you travelled outside of Manitoba in the last 14 days, excluding travel to western Canada, the territories or Ontario west of Terrace Bay?
4. In the past 14 days, have you had close contact with someone who has a probable or confirmed case of COVID-19?
5. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?

IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS DO NOT ENTER. RETURN HOME AND CONTACT https://sharedhealthmb.ca/covid19/screening-tool TO SEE IF YOU NEED TO BE TESTED FOR COVID-19.

Name	Phone / Email	1	2	3	4	5
		Y/N	Y/N	Y/N	Y/N	Y/N