London Devilettes COVID-19 Screening Checklist

This form must be completed by each player and team personnel at least 1 hour prior to every ice time. Any player under the age of 18 must have a parent / legal guardian fill out the form.



**Choose From Team List \***

Select team

**Enter Players First and Last Name \***

click here and enter your answer

**Parent / Legal Guardian Name \***

Click here and enter your answer

Symptoms Checklist

The answer for ALL of the following questions must be NO in order to participate in any LDGHA activity. If you answer YES to any of the following questions, please do not participate in any activities and seek medical attention as appropriate:

Please Check off all symptoms you are experiencing: **\***

[ ]  Fever (temperature of 37.8C or higher)

[ ]  Chills

[ ]  Cough that’s new or worsening (continuous, more than usual)

[ ]  Barking cough, making a whistling noise when breathing (croup)

[ ]  Shortness of breath (out of breath, unable to breathe deeply)

[ ]  Sore throat

[ ]  Difficulty swallowing

[ ]  Runny nose, sneezing or nasal congestion (not related to seasonal allergies or other known causes or conditions)

[ ]  Lost sense of taste or smell

[ ]  Pink eye (conjunctivitis)

[ ]  Headache that’s unusual or long-lasting

[ ]  Digestive issues (nausea/vomiting, diarrhea, stomach pain)

[ ]  Muscle aches

[ ]  Extreme tiredness that is unusual (fatigue, lack of energy)

[ ]  Falling down often

[ ]  For young children and infants: sluggishness or lack of appetite

[ ]  In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

[ ]  In the last 14 days, have you been in close physical contact with a person who either: Is currently sick with a new cough, fever, or difficulty breathing? -OR-Returned from outside of Canada in the last 2 weeks?

[ ]  Have you traveled outside of Canada in the last 14 days?

[ ]  Severe difficulty breathing (struggling for each breath, can only speak in single words)

[ ]  Severe chest pain (constant tightness or crushing sensation)

[ ]  Feeling confused or unsure of where you are

[ ]  Losing consciousness

If an individual has answered yes (checked off any box) to any of the above questions, they are not permitted to participate in any on-ice or off-ice activities and should refrain from having contact with any other participants.

Print & Sign Below….

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