



Nepean Broncos COVID-19 Pre-Screening Questionnaire

This form must be completed by all players, coaches & parents/guardians supervising their child who will attend the facility/field. This form is valid provided it has been completed on the same day as the Nepean Broncos activity. If your health changes from the time of completion of this form to the time of arrival at the facility/field, you will be required to notify the Broncos volunteer in attendance.

Name of parent/guardian:			
Email address:			
Phone number:		Date:	
Name of player:			

1. Do you have any of the following symptoms:

• Fever	• New or worsening cough
• Difficulty breathing/shortness of breath	• Sore throat/difficulty swallowing
• Runny nose (unrelated to seasonal allergies)	• Nasal congestion without other known cause
• Nausea / vomiting / diarrhea / abdominal pain	• Not feeling well, headache, unexplained fatigue & muscle aches
• Loss of taste or smell	• Pink eye (conjunctivitis)

☐ Yes

☐ No

2. Have you travelled outside of Canada within the last 14 days?

☐ Yes

☐ No

3. Have you been in close physical contact (less than 2m) with anyone with acute respiratory illness or who has travelled outside of Canada within the last 14 days?

☐ Yes

☐ No

4. In the last 14 days have you been exposed to or been in contact with anyone who has a suspected case of or anyone who has tested positive for COVID-19?

☐ Yes

☐ No

5. Are you currently awaiting COVID-19 test results?

☐ Yes

☐ No

Please note that answering YES to any of the above questions indicates that you are not eligible to attend or participate in Nepean Eagles activities at this time. You are asked to take the Self-Assessment tool provided by the Ontario Ministry of Health - <https://covid-19.ontario.ca/self-assessment/>

By signing and submitting this form, I hereby confirm that the above information is true and correct to the best of my knowledge.

Signature:	Nepean Eagles Official:
------------	-------------------------