



LONDON - ST. THOMAS CROATIA SOCCER CLUB

Member Screening-Checklist

Date:

Player/Team:

Time: (practice duration):

Every Club Member (player, coach, manager, volunteer) will be required to complete this checklist prior to attending a training session. If an individual answers “yes” to any of the above questions, they are not permitted to participate in any in-person soccer activity until:

- a) A minimum of 14 days.
- b) If the Club member or household family has received a negative Covid-19 Test AND have been asymptomatic for 24 hours.
- c) The individual has a doctor’s note indicating the member is safe to return to soccer activities.

Do you have any of the below risks/new or worsening symptoms? For further recommendations/clarification, please complete the Covid-19 screen on www.covid-19.ontario.ca.

1. Fever (greater than 37.8 C or greater)	Yes	No
2. Cough	Yes	No
3. Shortness of Breath/trouble breathing	Yes	No
4. Sore Throat/Hoarse voice/difficulty swallowing	Yes	No
5. Runny Nose (no unknown cause)/nasal congestion (no unknown cause).	Yes	No
6. Unexplainable fatigue or generalized muscle aches	Yes	No
7. Nausea	Yes	No
8. Vomiting	Yes	No
9. Diarrhea and/or abdominal pain	Yes	No
10. Loss of smell and/or taste	Yes	No
11. Has anyone in your household experience any of the above symptoms in the last 14 days?	Yes	No
12. Have you or anyone in your household travelled outside of Canada in the last 14 days?	Yes	No
13. Have you or anyone in your household been in <i>close and unprotected</i> contact in the last 14 days with someone who is being investigated as a suspected case of Covid-19?	Yes	No
14. Are you currently being investigated as a suspected case of Covid-19?	Yes	No
15. Have you tested positive for Covid-19 within the last 14 days?	Yes	No

Return to Train Health Check: If applicable, list any underlying conditions, medications, allergies etc.
