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KLEINBURG  
NOBLETON

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SOCCER  
CLUB

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## COVID-19 SYMPTOMS CHECKLIST FOR STAFF / COACHES / PARTICIPANTS

All players, coaches and staff must complete this questionnaire prior to each training session.

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?			
1	a. Fever (greater than 38.0 C)?	YES	NO
	b. Cough?	YES	NO
	c. Shortness of breath / difficulty breathing?	YES	NO
	d. Sore throat?	YES	NO
	e. Runny nose?	YES	NO
2	Has anyone in your household experienced any of the above symptoms in the last 14 days?	YES	NO
3	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
4	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated as a suspected case of COVID-19?	YES	NO
5	Are you currently being investigated as a suspected case of COVID-19?	YES	NO
6	Have you tested positive for COVID-19 within the last 10 days?	YES	NO

**If an individual answer “YES” to any of the above questions, they are not permitted to participate in any in-person soccer activity for a minimum of 14 days.**