

**CANTON RECREATION PAVILION  
SCREENING & CHECK-IN**

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Name \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Participating with: Canton Minor Hockey \_\_\_\_\_ St. Lawrence Figure Skating Club \_\_\_\_\_

Are you having shortness of breath or other difficulties breathing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a new onset of any of the following symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

- fever / chills
- cough
- sore throat / hoarse voice
- shortness of breath
- loss of taste or smell
- vomiting or diarrhea for more than 24 hours

Have you experienced recent loss of taste or smell? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been in contact with anyone with a positive COVID-19 positive test in the last 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have any COVID-19 tests pending because of exposure to a person positive for COVID or personal symptoms? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you traveled to any COVID-restricted areas in the last 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

*If your response to any of these questions is yes, you will not be permitted access into the Pavilion.*

Temperature (to be screened at Pavilion)