

USA Hockey Arena Health Check

For the safety of all participants and spectators, and to allow hockey and skating at USA Hockey Arena, USA Hockey requires that a Health Check form be completed for each person entering the Arena.

Name: _____

Group/Team: _____

Scheduled Ice Time: _____ Date: _____

Please Circle: Participant or Spectator

Email: _____ Cell Phone #: _____

Since your last visit to USA Hockey Arena, have you experienced any of the following? Please check all that apply.

- A fever (100.4°F or higher) or a sense of having a fever.
- A new cough or shortness of breath that you cannot contribute to another health condition?
- A sore throat that you cannot attribute to another health condition?
- A runny nose that you cannot attribute to another health condition?
- Head or body aches that you cannot attribute to another health condition?
- Nausea, vomiting or diarrhea that you cannot attribute to another health condition?
- Loss of taste or smell that you cannot attribute to another health condition?
- Have had contact with someone with COVID-19 in the last 14 days?
- None of the above

If you have experienced any of the following conditions please refrain from entering USA Hockey Arena.

As a condition of entry into USA Hockey Arena, I agree to follow all USA Hockey Arena requirements for participating or attending events in the Arena, which include the requirement to wear a mask in all areas, social distancing, entry locations, parking, locker room usage, etc. A full set of these requirements are on the back of this form, and may also be found at usahockeyarena.org

By signing below, I hereby acknowledge that I affirm the truth of the following statements above:

Participant/Spectator Name (if older than age of 18, please print): _____

Participant/Spectator Signature (if older than age of 18): _____

Guardian Name (if participant is under age of 18, please print): _____

Guardian Signature (if participant is under age of 18): _____

Date: _____

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