



**COVID-19 MANDATORY ACTIVE SCREENING**

Player Name: (please print)	Phone Number:
Player Signature:	Date Playing: Time:

1	Do you have a fever (greater than 38 degrees), a cough, suffer from shortness of breath/difficulty breathing, a sore throat or a 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 with someone who has, in the last 14 days been 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 you have answered “Yes” to any of the above questions, you are not permitted to participate in any in-person soccer activity at the Aurora Sports Dome for a minimum of 21 days.

This form must be submitted EVERY time prior to entering the facility.