

COVID 19 SCREENING & WAIVER

Facility: ECSC. HCSCC. OTHER. Current Temperature : _____.

Are you currently experiencing any COVID-19 symptoms?

This includes fever, chills, coughing, shortness of breath, sore throat, difficulty swallowing, runny or stuffy nose, loss sense of taste or smell, headache, muscle aches, extreme tiredness, or digestive issues like nausea/vomiting, diarrhea, stomach pain.

YES NO

Have you travelled outside of Canada in the last 14 days?

YES NO

Have you been in close contact with someone who has returned from outside of Canada with new COVID-19 symptoms (e.g. a cough, fever, or difficulty breathing)?

YES NO

Have you been in close contact with someone who tested positive for COVID-19 (e.g. someone in your household or workplace)?

YES NO

Have you been in close contact with someone who is currently sick with new COVID-19 symptoms (e.g. a cough, fever, or difficulty breathing)?

YES NO

STAFF USE: INDICATED FEVER?

YES NO

WAIVER/RELEASE: The undersigned agrees that, in using the facilities at Town of Essex he/she does so entirely at their own risk and hereby releases Town of Essex and Sun County Panthers Minor Hockey Association, its staff, suppliers, coaches and trainers from any and all claims associated with the use of the facilities, particularly with respect to potential exposure to any virus or pathogen including Covid19.

DATE: _____ AGE: _____ GUARDIAN NAME: _____
(IF UNDER 18 YEARS OF AGE)

NAME: _____ SIGNATURE: _____

PHONE NUMBER: _____

