



CMHA Team Snap Health Check

What to do if you are not cleared

If you are 'Not Cleared' and answered YES to any of the questions, you are not permitted to participate in hockey activities until you have complied with Health Authority recommendations pertaining to each question:

1. Have you experienced a fever of 38.0 degrees Celsius or greater in the past 14 days?

- If you currently have a fever or develop symptoms according to the list below, you must remain home and isolate until your symptoms have resolved and/or you have received a negative COVID test. You should initiate an assessment by calling 811, your physician or the local Covid screening line at 250-417-9252 or 250-919-8406
- If you currently do not have any of the below listed symptoms of COVID 19 you are not required to stay home and isolate. Please be cautious of social distancing and maintain proper and frequent handwashing and sanitizing.

2. Have you received a positive result from a COVID-19 test within the past 14 days?

- Please self isolate until the following criteria are met:
 - At least 10 days have passed since the start of your symptoms, AND
 - Your fever is gone without the use of fever medications, AND
 - You are feeling better (eg. Improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue)
 - If public health provides you with different advice, follow their instructions

3. Have you been in contact with anyone while they had COVID-19 or symptoms of COVID-19 in the past 14 days?

- If you currently have or develop symptoms according to the list below, you must remain home and isolate until your symptoms have resolved and/or you have received a negative COVID test. You should initiate an assessment by calling 811, your physician or the local Covid screening line at 250-417-9252 or 250-919-8406
- If you have been in contact with someone that has symptoms of COVID 19 or has received COVID testing you are not required to stay home and isolate if you do not have any of the listed symptoms below. Please be cautious of social distancing and maintain proper and frequent handwashing and sanitizing.

4. In the past 14 days, have you, or someone you have been in contact with, traveled outside of your state/province/country or to an area with restrictions due to COVID 19?

- If you have traveled outside of **Canada** within the past 14 days, please stay home and complete the remainder of your 14 day quarantine as per federal regulations before returning to hockey
- If you currently have or develop symptoms according to the list below, you must remain home and isolate until your symptoms have resolved and/or you have received a negative COVID test. You should



initiate an assessment by calling 811, your physician or the local Covid screening line at 250-417-9252 or 250-919-8406

- If you do not have any of the symptoms listed below (over the last 24 hours) you are not required to stay home and isolate. Please be cautious of social distancing and maintain proper and frequent handwashing and sanitizing.

5. In the past 14 days, have you experienced any of the following new symptoms not attributed to another health condition? Select all that apply. (Cough, Loss of smell or taste, Runny nose, Shortness of breath, Sore throat)

- If you currently have or develop symptoms according to the list below, you must remain home and isolate until your symptoms have resolved and/or you have received a negative COVID test. You should initiate an assessment by calling 811, your physician or the local Covid screening line at 250-417-9252 or 250-919-8406

- If you do not have any of the symptoms listed below (over the last 24 hours) you are not required to stay home and isolate. Please be cautious of social distancing and maintain proper and frequent handwashing and sanitizing.

COVID 19 Symptoms List

Fever
Chills
Cough or Worsening of Chronic Cough
Shortness of Breath
Sore Throat
Loss of Sense of Smell or Taste
Nausea/ Vomiting
Diarrhea
Headache
Muscle Aches
Fatigue
Loss of Appetite

Declaration

I have reviewed the above Health Authority requirements based on the questions as noted and confirm and declare in full understanding that I do not have any direct or related symptoms to COVID 19 as more fully described in the COVID 19 Symptoms List above.

Name: _____

Date: _____

Signature: _____