



FC Regina

Covid-19 Symptom Checklist for

Staff/ Team Staff/ Players/Volunteers and Spectators

Covid-19 Symptom Checklist			
1.	Do you have any of the below symptoms?		
	<ul style="list-style-type: none"> • Fever (greater than 38.0C) • Persistent or new Cough • Shortness of Breath / Difficulty Breathing • Sore Throat • Runny Nose 	YES	NO
		YES	NO
		YES	NO
		YES	NO
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 in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19?		YES NO
5.	Are you currently being investigated as a suspect case of Covid- 19?		YES NO
6.	Have you tested positive for Covid-19 within the last 10 days?		YES NO

If you answer “YES” to any of the questions above, you are not permitted to participate for 14 days.

Please sign the attached signature sheet on the day of each FCR session (game, training, evaluations, evaluation tournament) you attend.

