

City of London COVID-19 Health Assessment



This screening questionnaire must be completed before you will be permitted to enter a City of London Arena.

**1. Are you currently experiencing any one of the symptoms below that are new or worsening?
Symptoms should not be chronic or related to other known causes or conditions.**

	YES	NO
Fever (37.80C or higher)	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Cough or barking cough (croup)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Pink Eye	<input type="checkbox"/>	<input type="checkbox"/>
Runny or stuffy/congested nose	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Digestive issues like nausea/vomiting, diarrhea, stomach pain	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
Extreme tiredness	<input type="checkbox"/>	<input type="checkbox"/>
Falling down often	<input type="checkbox"/>	<input type="checkbox"/>

2. Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)? YES NO

3. In the last 14 days have you...

	YES	NO
Been identified as a "close contact" of someone who currently has COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select "NO".	<input type="checkbox"/>	<input type="checkbox"/>
Travelled outside of Canada? If you are exempted from federal quarantine as per group exemptions quarantine requirements under the <i>Quarantine Act</i> , select "NO".	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "NO" to all the questions, you have passed screening and can enter the arena.

If you answer "YES" to any of the questions, please delay your visit and consider visiting your health care provider.

Name: _____ Date: _____ Time: _____

Signature: _____ Contact Number: _____

Parent or guardian must sign for any individual entering the facility who is 16 years or younger.

Parent or Guardian Signature: _____

The City of London is asking that you voluntarily disclose your name and phone number when you attend one of its recreation or community facilities. If there is a report of an active case of COVID-19 and that person was in the facility while you were in attendance, you will be contacted to advise that you may have been exposed to COVID-19.

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25*, and will only be used to contact you for contact tracing purposes in the event of a COVID-19 outbreak at this facility. Whether or not used, you agree that the City of London can destroy your personal information after 21 days. **In the event of an outbreak, you agree that the City of London may disclose your name and telephone number to the Middlesex London Health Unit for contact tracing purposes.** Questions about this collection should be addressed to the Supervisor of Customer Service, Tel: 519-661-2489- ext 5579, email: Recreation@london.ca