



Covid 19 Health Check

To be submitted to team prior to arrival at Arena every time.

Player Name _____ Parent/ Guardian _____ Contact# _____

Do you currently have any of the following symptoms not related to a pre-existing illness or health condition?

NAME:	DATE:	
Do you have a fever? (<37 C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have chills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you experiencing any of the following <ul style="list-style-type: none"> • Shortness of breathe • Difficulty in breathing • Chest pain • Feelings of confusion • Loss of consciousness 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a sore throat and painful swallowing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an unusually stuffy or runny nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you experienced a loss or sense of smell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you experiencing an unusual headache?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you more fatigued than normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you experiencing a loss of appetite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you travelled to any countries outside of Canada within the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in close contact with a person with confirmed Covid-19 in the past 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have any of the above listed symptoms, you are not permitted back to play or in the facilities until you have taken the B.C Covid 19 online assessment and have self isolated for 14 days or until your symptoms have resolved, whichever is longer. (A negative Covid 19 test will override the symptoms and isolation.

Do you agree to adhere to the following prevention practices, when on ice/in the facilities and during dryland training?

- Practice physical distancing of 2 meters
- Use hand sanitizer
- Report any symptoms of illness immediately and go to the isolation area
- Do not come to practice/games if you are sick, regardless of symptoms.

Failure to follow these practices will result in immediate dismissal from practice/game facility.

I hereby acknowledge the above information to be true.

Signature- _____ Date- _____

North Okanagan Minor Hockey Association

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