



75 FREDERICTON OLD BOYS SOCCER CLUB
COVID 19 CHECK LIST

1. DO YOU HAVE A LEAST TWO OF THE FOLLOWING SYMPTOMS?
 - a. FEVER ABOVE 38C OR SIGNS OF FEVER (FEELING HOT OR CHILLS)
 - b. WORSENING CHRONIC COUGH
 - c. SORE THROAT
 - d. RUNNY NOSE
 - e. HEADACHE
 - f. NEW ONSET FATIGUE
 - g. NEW ONSET MUSCLE PAIN
 - h. DIARRHEA
 - i. LOSS OF TASTE OR SMELL

2. HAVE YOU RETURNED FROM TRAVEL OUTSIDE OF THE ATLANTIC PROVINCES OR FROM OUTSIDE OF CANADA IN THE LAST 14 DAYS?

3. HAVE YOU HAD CLOSE CONTACT WITHIN THE LAST 14 DAYS WITH A CONFIRMED OR SUSPECTED CASE OF COVID19?

NOTE: YOU WILL NOT BE PERMITTED TO ATTEND ANY FREDERICTON OLD BOYS SOCCER CLUB FUNCTIONS IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE.