



Slave Lake Minor Hockey Association

COVID-19 Screening Questions

1. Do you have any of the following symptoms;
 - fever
 - cough
 - shortness of breath
 - sore throat
 - chills
 - painful swallowing
 - runny nose
 - feeling unwell/fatigued
 - nausea/vomiting or diarrhea

2. Have you travelled outside of Canada in the last 14 days?

3. Have you had close contact with a confirmed case of COVID-19 in the last 14 days?

*If you answered yes to any of these questions, please exit the building and complete the AHS self assessment tool online.