

# 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)		
Chills		
Cough or barking cough (croup)		
Shortness of Breath		
Sore Throat		
Decrease or loss of smell or taste		
Digestive issues like nausea/vomiting, diarrhea, stomach pain		
Muscle aches		
Extreme tiredness		

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. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? If the person got a COVID-19 vaccine in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination OR If you are fully vaccinated or have tested positive for COVID-19 in the last 90 days and since cleared, answer 'No'. )? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Have you tested positive on a rapid antigen test or home-based self-testing kit in the last 10 days? If you have since tested negative on a lab-based PCR test, answer 'No'. YES \_\_\_\_\_ NO \_\_\_\_\_

5. In the last 14 days have you or someone in your household travelled outside of Canada and been told to quarantine (per the federal government requirements)? YES \_\_\_\_\_ NO \_\_\_\_\_

6. In the last 10 days have you...

	YES	NO
Been identified as a "close contact" of someone who currently has COVID-19?		
Received a COVID Alert exposure notification on your cell phone? If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, answer 'No'.		

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](mailto:Recreation@london.ca)