



COVID-19 ADMITTANCE FORM

Welcome back!

To help provide the safest environment, all patrons **MUST** fill out this form before entering:

✓ Organizer name: _____ Date/Time slot: _____

✓ Players names: _____

Risk assessment: initial screening questions		CIRCLE ONE	
1.	Do you have 2 or more of the below symptoms (new or worsening): <ul style="list-style-type: none">• Fever (or signs of fever, including chills, sweats, muscle aches, light-headedness)• Cough• Sore throat• Headache• Runny Nose• Painful swallowing• Diarrhea• Unexplained loss of appetite• Loss of sense of taste or smell	YES	NO
	OR Small red or purple spots on hands and/or feet	YES	NO
2.	Have you, or anyone in your household traveled in the last 14 days outside the Atlantic Provinces (New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador) or outside the communities along the Labrador-Quebec border?	YES	NO
3.	Have you or anyone in your household been in close contact, in the last 14 days, with a person suffering from acute respiratory illness who has travelled outside of the identified areas within 14 days prior to illness onset?	YES	NO
4.	Have you or anyone in your household been in close contact with a known or suspected case of COVID-19 in the last 14 days?	YES	NO

If you have answered “Yes” to any of the above questions, please **DO NOT** enter the Premises at this time. You should stay home and use the [COVID-19 Self-Assessment Tool](#).

If you have answered “No” to all the above questions, you may enter the Premises.