**CO****VID-19 SYMPTOMS CHECKLIST FOR STAFF/COACHES/PARTICIPANTS**

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| **Do you have any of the below symptoms?** | | | |
| 1 | 1. Fever (greater than 38.0 C)? | YES | NO |
|  | 1. Cough? | YES | NO |
|  | 1. Shortness of breath / difficulty breathing? | YES | NO |
|  | 1. Sore throat? | YES | NO |
|  | 1. Runny nose? | YES | NO |
| 2 | Has anyone in your household experienced any of the above symptoms in the last 14 days? | YES | NO |
| 3 | Have you, or anyone in your household travelled outside of Canada in the last 14 days? | YES | NO |
| 4 | Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated as a suspected case of COVID-19? | YES | NO |
| 5 | Are you currently being investigated as a suspected case of COVID-19? | YES | NO |
| 6 | Have you tested positive for COVID-19 within the last 10 days? | YES | NO |

If an individual answers “YES” to any of the above questions, they are not permitted to participate in any in-person soccer activity for a minimum of 14 days.