



PARTICIPANT FIRST NAME

PARTICIPANT LAST NAME

COVID19 EDUCATION AND TRAINING

We _____ PARENT/GUARDIAN and _____ PARTICIPANT have read the attached PGHA COVID19 Education and Training document as well as the City of Peterborough Facility Safety Guidelines. We understand the protocols in place and the expectations required to participate in PGHA Summer Skills.

PARENT/GUARDIAN SIGNATURE

PLAYER SIGNATURE

DATE

HEALTH SCREENING QUESTIONNAIRE

The following questionnaire must be completed and returned to the PGHA Oversight Committee Registration Desk on the 1st day of PGHA Summer Skills. For each subsequent skills session, please complete the COVID19 Health Screening Questionnaire online at the following link. Once the questionnaire is completed, you will receive an email with verification. You will be expected to show that verification as proof of completion at each skills session. It must be completed the same day as each skills session, preferably within 4 hours of your scheduled session time.

https://pgha.net/Forms/3578/HEALTH_SCREENING_QUESTIONNAIRE/

Are you currently experiencing any of these issues? Call 911 if you are.

1. Severe difficulty breathing (struggling for each breath, can only speak in single words)
2. Severe chest pain (constant tightness or crushing sensation)
3. Feeling confused or unsure of where you are
4. Losing consciousness

If you are in any of the following at risk groups, we ask that you speak with your physician prior to participating.

1. 70 years old or older
2. Getting treatment that compromises, (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
3. Having a condition that compromises (weakens) your immune system (for example, diabetes, emphysema, asthma, heart condition)
4. Regularly going to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment)

HEALTH SCREENING QUESTIONNAIRE

The answer to all questions must be “No” in order to participate in each on-ice activity.
Are you experiencing any of these symptoms?

Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)

Yes No

Chills

Yes No

Cough that's new or worsening (continuous, more than usual)

Yes No

Barking cough, making a whistling noise when breathing (croup)

Yes No

Shortness of breath (out of breath, unable to breathe deeply)

Yes No

Sore throat

Yes No

Difficulty swallowing

Yes No

Runny nose, sneezing or nasal congestion (not related to seasonal allergies or other known causes or conditions)

Yes No

Lost sense of taste or smell

Yes No

Pink eye (conjunctivitis)

Yes No

Headache that's unusual or long lasting

Yes No

Digestive issues (nausea/vomiting, diarrhea, stomach pain)

Yes No

Muscle aches Yes No

Yes No

Extreme tiredness that is unusual (fatigue, lack of energy)

Yes No

Falling down often

Yes No

For young children and infants: sluggishness or lack of appetite

Yes No

HEALTH SCREENING QUESTIONNAIRE

For the remaining questions, close physical contact means: Being less than 2 meters away in the same room, workspace, or area for over 15 minutes or living in the same home.

2. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?
Yes No
3. In the last 14 days, have you been in close physical contact with a person who either: Is currently sick with a new cough, fever, or difficulty breathing; OR Returned from outside of Canada in the last 2 weeks?
Yes No
4. Have you travelled outside of Canada in the last 14 days?
Yes No

If an individual has answered “Yes” to any of these questions, they are not permitted to participate in any on-ice or off-ice activities.

Please note: This Health Screening questionnaire has been developed based on the Ontario Ministry of Health Self-Assessment Tool (June 17, 2020).

I _____ PARENT/GUARDIAN and _____ PARTICIPANT have completed the Health Screening Questionnaire and understand the protocols in place and expectations required to participate in PGHA Summer Skills.

PARENT/GUARDIAN SIGNATURE

PLAYER SIGNATURE

DATE

REMINDER:

For each subsequent skills session, please complete the COVID19 Health Screening Questionnaire online at the following link. Once the questionnaire is completed, you will receive an email with verification. You will be expected to show that verification as proof of completion at each skills session. It must be completed on the day of each skills session, preferably within 4 hours of your scheduled session time.

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