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COVID-19 Screen Checklist for OZ Dome Facility Rentals & Leagues

As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone accessing the facility to ensure the safety and well being of everyone. We ask that you please complete the following questionnaire. We appreciate your cooperation.

First/Last Name: _____

Email: _____ Contact Number: () _____

Team / Group Name: _____ League (if applicable): _____

1. Please check if you are experiencing any of the following symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Fever (Feeling hot to the touch, temperature of 37.8°C or higher) | <input type="checkbox"/> Hoarse voice |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Stuffy or congested nose |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Lost sense of taste or smell |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Difficulty Swallowing | <input type="checkbox"/> Digestive issues |
| | <input type="checkbox"/> Fatigue |
| | <input type="checkbox"/> Falling down more than usual |

2. Has someone you are in close contact with tested positive for COVID-19? For example, someone in your household or workplace.

- ☐ Yes ☐ No

3. Have you been in close contact with a person who is sick with new respiratory symptoms?

- ☐ Yes ☐ No

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

- ☐ Yes ☐ No

5. Have you been in close contact with a person who has recently travelled outside of Canada?

- ☐ Yes ☐ No

6. Are you fully vaccinated?

- ☐ Yes ☐ No

Effective Date:

I declare that the information shared is true and accurate to the best of my knowledge.

Signature

Date