Screen Checklist for OZ Dome Facility Rentals & League

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 systems?
   - Fever (Felling hot to the touch, temperature of 37.8ºC or higher)
   - Chills
   - Cough
   - Shortness of breath
   - Sore throat
   - Difficulty Swallowing
   - Hoarse voice
   - Runny nose
   - Stuffy or congested nose
   - Lost sense of taste or smell
   - Headache
   - Digestive issues
   - Fatigue
   - 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. Are you 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. Are you in close contact with a person who has recently travelled outside of Canada?
   - Yes
   - No

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

__________________________  __________________________
Signature                  Date