

WECSO Indoor Baseball
Health Screening Questionnaire

You must answer NO to all following questions prior to your participation in Indoor Baseball this season. You do not need to bring this completed form to baseball, you will initial a tracking sheet upon arrival at the Novelletto Centre each Tuesday attesting to the fact that you have gone over it.

Are you currently experiencing any of these symptoms?

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| - Do you have a fever? (37.8 C or higher)? | Yes | No |
| - Chills? | Yes | No |
| - Cough that's new or worsening? | Yes | No |
| - Barking cough, making a whistling sound when breathing? | Yes | No |
| - Shortness of breath (out of breath, unable to breathe deeply)? | Yes | No |
| - Sore throat? | Yes | No |
| - Difficulty swallowing? | Yes | No |
| - Lost sense of taste or smell? | Yes | No |
| - Headache that's unusual or long lasting? | Yes | No |
| - Digestive issues (nausea/vomiting, diarrhea, stomach pain)? | Yes | No |
| - Muscle ache? | Yes | No |
| - Extreme tiredness that is unusual? | Yes | No |
| - Falling down often? | Yes | No |

In the last 14 days, have you been in close contact with someone who has tested positive for Covid-19? Yes No

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 Canada? Yes No

Have you travelled outside of Canada in the last 14 days? Yes No

If you have answered YES to any of the above questions, you are not permitted to participate in indoor ball today!

As of November 5, 2020