



# OHF HEALTH SCREENING QUESTIONNAIRE

This questionnaire must be completed by each Registered Participant prior to engaging in on-ice or off-ice activity.

## DEFINITIONS

**Registered Participant** Any person, Club, Team , Association, league, Sports School, Residential School or similar entity Registered with the OHF or any of its Members, or any person affiliated with or associated with, in any capacity whatsoever, any Club, Team, league, Sports School, Residential School or similar entity participating in game or activities of any kind sponsored or organized by the OHF or any of its Members, including but not limited to the parents or legal guardians of any minor aged participant Registered in OHF programming, shall not have membership status within the OHF but, rather shall be referred to throughout these By-Laws as a “Registered Participant” .

**Close Physical Contact** Being less than 2 metres away in the same room, workspace, or area for over 15 minutes; OR, living in the same home.

## INTERNATIONAL TRAVELERS RETURNING TO CANADA WHO ARE EXEMPT FROM MANDATORY QUARANTINE DUE TO COVID-19

As per the Government of Canada, [Persons exempt from mandatory quarantine due to COVID-19](#), include:

- Certain persons are exempt from the mandatory quarantine requirement when entering Canada **for the purposes of performing an essential job or function** as identified in the Order.
- This exemption does not apply to anyone who has signs and symptoms of COVID-19

**Essential** refers to travel for reasons that are non-discretionary and non-optional. The emergency orders under the Quarantine Act do not allow people to travel to Canada for optional or discretionary reasons, such as for tourism, recreation or entertainment.

## SYMPTOMS

Priority Symptoms	Secondary Symptoms
<ul style="list-style-type: none"><li>- Fever / chills</li></ul>	<ul style="list-style-type: none"><li>- Sore throat</li></ul>
<ul style="list-style-type: none"><li>- Cough</li></ul>	<ul style="list-style-type: none"><li>- Stuffy nose and/or runny nose</li></ul>
<ul style="list-style-type: none"><li>- Shortness of breath</li></ul>	<ul style="list-style-type: none"><li>- Headache</li></ul>
<ul style="list-style-type: none"><li>- Decreased/loss of smell/taste</li></ul>	<ul style="list-style-type: none"><li>- Nausea and/or vomiting and/or diarrhea</li></ul>
	<ul style="list-style-type: none"><li>- Fatigue, lethargy, muscle aches or malaise</li></ul>

## SCENARIOS

1. The Registered Participant developed only ONE new SECONDARY symptoms and NO PRIORITY symptoms and 24 hours have passed since the symptom started and the symptom is improving.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

2. The Registered Participant had:

- ONE or more of the PRIORITY symptoms, OR
- ONE or MORE of the SECONDARY symptoms that persisted or worsened, OR
- TWO or MORE of the SECONDARY symptoms

**AND**

- A COVID-19 test was POSITIVE but 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

- A COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours. Note: Mild symptoms like a runny nose may be ongoing as long as other symptoms have resolved.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

- A COVID-19 test was NOT PERFORMED but 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for 24 hours.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

3. The Registered Participant did NOT have symptoms compatible with COVID-19 infection **AND**:

- A COVID-19 test was POSITIVE but 10 days have passed since the date of the test and no symptoms are present.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

4. The Registered Participant had Close Physical Contact with someone who had a POSITIVE test for COVID-19:

- The Registered Participant's COVID-19 test was NEGATIVE on two occasions separated by at least 5 days.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

- The Registered Participant was tested for COVID-19 only once and this test was negative OR the registered participant did NOT have a COVID-19 test performed. 14 days have passed since the symptoms since the date of exposure and no symptoms are present.

*If YES, the Registered Participant is eligible to engage in all OHF sanctioned programs.*

**5. The Registered Participant had Close Physical Contact with someone who is suspected of having COVID-19 or has been tested for COVID-19 but results have not been received:**

- **The Registered Participant's COVID-19 test was NEGATIVE**

*If YES, the Registered Participant is **eligible** to engage in all OHF sanctioned programs.*

- **The Registered Participant did NOT have a COVID-19 test performed.** 14 days have passed since the Close Physical Contact and no symptoms are present.

*If YES, the Registered Participant is **eligible** to engage in all OHF sanctioned programs.*

**6. The Registered Participant had Close Physical Contact with an international traveler who returned to Canada:**

- **The traveler is exempt from mandatory quarantine due to COVID-19 and no symptoms are present.**

*If YES, the Registered Participant is **eligible** to engage in all OHF sanctioned programs.*

- **The traveler is NOT exempt from mandatory quarantine due to COVID-19 AND the Registered Participant's COVID-19 test was NEGATIVE.**

*If YES, the Registered Participant is **eligible** to engage in all OHF sanctioned programs.*

- **The individual is NOT exempt from mandatory quarantine due to COVID-19 AND the Registered Participant did NOT have a COVID-19 test performed.** 14 days have passed since the Close Physical Contact and no symptoms are present.

*If YES, the Registered Participant is **eligible** to engage in all OHF sanctioned programs.*

Registered Participant Name: \_\_\_\_\_

Date of COVID-19 test (if applicable): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_