HOCKEY NOVA SCOTIA | REBOUND PLAN

SCREENING TOOL

The screening must be done before **each HNS-sanctioned activity.**

Name: _____ Date: _____ Time : _____

Do you currently have one of the following symptoms?

- Fever (i.e. chills, sweats)
- Cough or worsening of a previous cough
- Sore throat
- Headache
- Nasal congestion/runny nose
- Shortness of breath
- Muscle aches
- Sneezing
- Hoarse voice
- Diarrhea
- Unusual fatigue
- Loss of sense of smell or taste
- Red, purple or blueish lesions, on the feet, toes or fingers without clear cause

YES

NO

Have you travelled outside of the Atlantic Provinces in the last 14 days? (Outside of NB, NS, PEI, NL)

YES

NO

Have you had close contact with a COVID-19 positive or suspected case?

YES

NO

- **Notify Team Safety Rep of results for the registry.**
- **Be safe and have fun!**

YES

If you answered yes to one or more of these questions, you must self-isolate and contact 811.

Participants answering yes to any of these questions are not permitted to participate in team activities or attend the facility.

Please see Page 6 of the ***Rebound Plan*** for more details and next steps.

Last Updated: July 8, 2020