



Adult Health Screening Questionnaire
Updated October 26, 2020

This checklist is based on Version 4.5 of Ontario's Self-Assessment model and updated questions and results to align with newest public health guidance

This questionnaire must be completed by each adult prior to participating in any club or OVA activity. This questionnaire may be completed verbally.

The answer to all questions in Section 1 must be "No" to participate.

Name: _____

Date (mm-dd-yyyy): _____

SECTION 1

1. Are you currently experiencing any of these issues? Call 911 if you are.

- Severe difficulty breathing
(struggling for each breath, can only speak in single words)
- Severe chest pain
(constant tightness or crushing sensation)
- Feeling confused or unsure of where you are
- Losing consciousness

2. Are you currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or conditions.

Fever - Temperature of 37.8 degrees Celsius - 100 degrees Fahrenheit or higher	Yes	No
Chills	Yes	No

Cough that's new or worsening - Continuous, more than usual, not related to other known causes or conditions (for example, COPD)	Yes	No
Barking cough, making a whistling noise when breathing - Croup, not related to other known causes or conditions	Yes	No
Shortness of breath - Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)	Yes	No
Sore throat - Not related to other known causes or conditions (for example, seasonal allergies, acid reflux)	Yes	No
Difficulty Swallowing - Painful swallowing, not related to other known causes or conditions	Yes	No
Runny nose - Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)	Yes	No
Stuffy or congested nose - Not related to other known causes or conditions (for example, seasonal allergies)	Yes	No
Decrease or loss of taste or smell - Not related to other known causes or conditions (for example, allergies, neurological disorders)	Yes	No
Pink eye - Conjunctivitis, not related to other known causes or conditions (for example, reoccurring styes)	Yes	No
Headache that's unusual or long lasting - Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)	Yes	No
Digestive issues like nausea/vomiting, diarrhea, stomach pain - Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)	Yes	No
Muscle aches that are unusual or long lasting - Not related to other known causes or conditions (for example, a sudden injury, fibromyalgia)	Yes	No
Extreme tiredness that is unusual - Fatigue, lack of energy, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction)	Yes	No
Falling down often - For older people	Yes	No
Sluggishness or lack of appetite - For young children and infants	Yes	No

3. In the last 14 days, have you been in close physical contact with someone who currently has COVID-19? Note: This includes getting a COVID Alert exposure notification.

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home
- being in the same classroom

Yes/No

4. In the last 14 days, have you been in close physical contact with someone who is currently sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home
- being in the same classroom

Yes/No

5. Have you travelled outside of Canada in the last 14 days? *Note: This does not include essential workers who cross the Canada-US border regularly.*

Yes/ No

If an individual answers “yes” to any of the questions in section one (1), they are not permitted to participate in any club or OVA activity.

Please note: If you are an essential medical worker and are following the PPE rules and guidelines for COVID-19, then the answer to questions 3 & 4 are “no”.

SECTION 2

The answer to question 1 in Section 2 must be “No” or you must have clearance from your local public health unit to participate in club or OVA activity.

1. In the last 14 days, have you been in close physical contact with someone who has returned from outside of Canada? *Note: This does not include essential workers who cross the Canada-US border regularly.*

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home
- being in the same classroom

Yes*/No

**If answered yes to this question, before participating you must check with your local public health unit to find out if there are any other actions you need to take (e.g., 14-day self-isolation) before resuming club or OVA activity.*

- 2. If answered yes to question 1, I have contacted my local public health unit and have received clearance to participate in volleyball activities.**

Yes/No

Note: We recommend that you pay extra attention to your health and note if anything changes because you were in close physical contact with someone who has recently travelled.

This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool as of October 26, 2020 and will continue to evolve as Public Health learns more about the virus.