

RHP COVID-19 SELF-DECLARATION FORM FOR FACILITY ACCESS

RHP is excited to have clients back on the ice. To ensure the safety of our members, staff, and hockey community, we ask that you complete this form for yourself and your participant prior to entering our facility. Anyone who has not completed the form will be denied access to the facility.

Rental/Session Date: _____ Time: _____

Participant's Name: _____

Parent / Guardian's Name: _____

Participant / Guardian's Signature: _____

Emergency Contact Phone #: _____

Please circle or indicate **Yes** or **No** to the following questions:

1. Are you or your participant currently experiencing any of these issues, severe difficulty breathing, severe chest pain, feeling confused or unsure of where you are, losing consciousness? If yes call 911.
Yes or No
2. Are you or your participant currently experiencing any of these symptoms? (not related to seasonal allergies or other known causes or conditions)
Fever Chills Cough Barking Cough Shortness of breath
Sore throat Difficulty swallowing Runny nose Stuffy or congested nose
Pink eye Decrease or loss sense of taste or smell Headache Digestive issues
Muscle aches Extreme tiredness Falling down often Sluggishness or lack of appetite
Nausea, vomiting and/or diarrhea
None of the above
3. Have you, your participant or anyone in your household been outside of Canada in the past 14 days?
Yes or No
4. Have you, your participant or anyone in your household been exposed to anyone diagnosed with the COVID-19 virus in the past 14 days?
Yes or No
5. In the last 14 days, have you, or your participant, or anyone in your household been identified as a "close contact" of someone who currently has COVID-19?
Yes or No
6. In the last 14 days, have you or your participant received a COVID alert exposure notification on their cell phone? (if they already went for a test and got a negative result, select "no")
Yes or No
7. Has a doctor, health care provider, or public health unit told you, your participant, or anyone in your household that they should currently be isolating (staying at home)?
Yes or No
8. Is the school the participant attends currently closed or has their class been told to self isolate?
Yes or No

I have read and understand RHP's COVID-19 Procedures. _____ Initials.