**COVID-19 Daily Athlete Screening**

All athletes participating in any Legacy Academy event, practice or game MUST complete this form PRIOR TO EVERY EVENT. Individuals will not be allowed access to the field until this form has been completed. Please ensure that it is submitted at least 3 hours prior to your scheduled time. PLEASE NOTE: If more than one member of your household is participating, ALL individuals MUST EACH fill out the form or you will NOT be granted access to the event

I understand that I must complete this form or I will not be allowed to participate in the event.­­­\_\_\_\_\_\_\_\_\_ *Initial*

Date of event: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded Temperature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant­­­­­­:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parent/Guardian:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have a current FHA membership? Yes / No

Does the athlete currently participate in any other sports or belong to another cohort? Yes / No

Does the participant currently have COVID-19 ? Yes / No

Is the participant waiting for the results of a laboratory test for COVID-19?  Yes / No

Has the participant been asked to self isolate by Alberta Health, the Communicable Disease Control (CDC) or any other governmental health agency?  Yes / No

Does the participant have ANY of the following symptoms:

Fever (>38C) Yes / No

New or worsening cough? Yes / No

Shortness of breath? Yes / No

Difficulty breathing? Yes / No

Sore throat? Yes / No

Flu-like symptoms? Yes / No

Runny nose? Yes / No

Loss of smell or taste? Yes / No

Has the participant been in contact with any persons or are any members of your household confirmed COVID-19 positive patients?  Yes / No

Has the participant been in contact with any persons or are any members of your household self-isolating because of a determined risk for possibly having contracted COVID-19?  Yes / No

Has the participant frequented a COVID-19 high risk area in the last 14 days?  Yes / No

Has the participant returned from travel outside of Canada in the past 14 days train?  Yes / No

We are requesting that only the participant enter the event area. Spectators will not be permitted at this time. Athletes will be required to socially distance off turf. Please ensure that participants will maintain 6 feet spacing off turf. Athletes are not allowed to share equipment with other participants or touch FHA equipment.

Should the athlete experience any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or malaise, they will inform representative of Field Hockey Alberta and depart from the event immediately. By entering your name, participant's name and today's date you hereby agree that you/participant will follow the laws, recommended guidelines and protocols issued by the Government of Alberta and Field Hockey Alberta in respect to COVID-19.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_