



**STRATFORD
HOOPS
FOR FUN**

Stratford Basketball Association
Hoops for Fun
Covid-19 Active Screening

Please complete and submit this form for answering for all player(s) and parent/guardian(s) in your household entering the Burnside Agriplex at this time.

DATE: _____ TIME: _____

Player(s) Name(s)	Parent/Guardian(s) Name(s)

Do you have any of the following new or worsening symptoms or signs?
Fever/and or chills, cough or barking cough, shortness of breath, decrease or loss of taste and/or smell, sore throat or difficulty swallowing, pink eye, runny or stuffy congestion.

NO YES

In the last 14 days have you travelled outside of Canada AND been advised to quarantine as per Federal quarantine protocol? If you are an essential worker who crosses the Canada-USA border for work regularly, please select NO.

NO YES

In the last 14 days has a public health unit identified you as a close contact of someone who currently has Covid-19?

NO YES

Has a doctor, health care provider or public health unit told you that you should currently be isolating (staying at home)?

NO YES

In the last 14 days have you received a Covid Alert notification on your cell? If you did receive an alert and have already been tested and are negative, select NO.

NO YES

If you have answered NO to all questions for each person in the table above, please submit and enter the Burnside Agriplex for Hoops for Fun!

The information submitted within this form is collected under the authority of the Municipal Act, 2001 via the City of Stratford. Data collection inquiries should be directed to Mark Hackett, Manager of Recreation Facilities at 519-271-0250 extension 269.

By submitting I acknowledge that I consent to having my data collected under the authority of the Municipal Act.