NMHA COVID-19 Screening Tool

1. Do you have a fever of 37.8 C or higher, or new onset or worsening of cough, or difficulty breathing?

Yes or No

1. Do you have any of the following unexplained minor symptoms: nasal congestion, runny nose, sore throat, difficulty swallowing, unexplained fatigue, muscle ache, nausea, vomiting, diarrhea, headache, pink eye or loss of smell and taste?

Yes or No

1. In the past 14 days have you or anyone in your household returned from travel outside of Canada?

Yes or No

1. In the past 14 days have you or anyone in your household been in close contact with someone who has tested positive for COVID-19 without proper PPE?

Yes or No

Close contact means being less than 2 meters away in the same room, workspace or area for over 15 minutes or living in the same home.

Any individual who answers yes to any of the above questions is not permitted to participate in any on-ice or off-ice activities.