

PANDEMIC SCREENING FORM

(This form is to be used to screen visitors wanting to enter Mosaic Place or the Moose Jaw Ford Curling Centre during a Level 6 Pandemic).

STOP

DO NOT ENTER THE BUILDING UNTIL YOU HAVE COMPLETED THIS SCREENING FORM.
 AFTER COMPLETING THE FROM, VISITORS MUST SANITIZE THEIR HANDS BEFORE ENTERING & MUST
 SANITIZE YOUR WORK AREA(S) (MOSAIC PLACE WILL PROVIDE DISINFECTANT SPRAY)

To be completed by all recreational hockey team members prior to the first ice time		
SYMPTOMS: Assess all visitors for signs and symptoms of influenza like illness (FLU) (Fever plus one or more of the following)		
SYMPTOMS	YES	NO
Fever		
Shivering, Chills		
Dry Cough (runny nose, with sore throat, or cough)		
Difficulty Breathing		
Diarrhea		
Vomiting		
Headache		
Nasal Congestion		
General aches/pains, lethargy or fatigue		
<i>If the employee/visitor answers YES to two (2) or more of the above questions: NO ADMITTANCE</i>		
RISK FACTORS: Please answer the following questions	YES	NO
Have you had contact with a person with or under investigation for COVID19 in the last 14 days?		
Have you been out of the Country in the last 14 days?		
Have you been outside of Saskatchewan in the last 14 days?		
<i>If the employee/visitor answers YES to one (1) or more of the above questions: NO ADMITTANCE</i>		

I will not access Mosaic Place if I develop any of the above symptoms and will notify my Safety Captain if I test positive for COVID-19 or in close contact with someone with COVID-19.

NAME OF VISITOR: _____

CONTACT NUMBER (CELL & OFFICE): CELL # _____ OFFICE # _____

BUILDING ACCESS is restricted to assigned dressing rooms, dressing room highway, benches and ice surface.

SIGNATURE OF VISITOR: _____

TEAMS SAFETY CAPTAIN: _____ DATE: _____