Kensington Judo Society COVID-19 QUESTIONNAIRE - *Print & deliver for participation*

Participant Name:	Club:
Date & Time of training:	
Consenting parent* for minors:	Coach:

Are the following statements true for you?

Are you experiencing any of the following?

- Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

Yes
No

Are you experiencing any of the following?

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

Yes
No

Are you experiencing cold, flu or COVID-19-like symptoms, even mild ones?

Symptoms include fever, chills, cough, shortness of breath, sore throat, and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue, or loss of appetite.

Yes
No

Have you travelled to any countries outside BC within the last 14 days?

Yes
No

Did you provide care or have close contact with a person with confirmed COVID-19?

Yes
No

If you answered Yes to any of the above questions, you are not eligible to participate in judo or judo training activities. Please get assessed for a COVID-19 test, and self-isolate for at least 14 days or longer depending on when your symptoms started. A doctor's clearance note will be required prior to participation.