

# Back to Hockey - Confirmation Form

(for adults)

Please check only one box to confirm that that you are healthy and able to return to hockey activities. By signing this form, you are verifying that the information is true.

Name: \_\_\_\_\_

## **I was ill/absent:**

I have completed the required self-isolation period based on my symptoms or test result(s). I do not have a fever (without the use of medication) and my symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, diarrhea).

A health care provider confirmed that I do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. My symptoms have been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).

I only had **one** of the following symptoms: sore throat, headache, feeling very tired, runny nose/nasal congestion, muscle aches/joint pain, nausea/vomiting/diarrhea or I was generally unwell. My symptom has been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).

## **Someone in my household (e.g.: child, parent, sibling) was ill with symptoms of COVID-19 or tested positive for COVID-19:**

I stayed home for the duration of the household member's isolation period. I can now return to hockey activities.

## **Close contact of someone outside of my child's household who tested positive for COVID-19/had symptoms of COVID-19:**

I was a close contact of someone who had symptoms/tested positive for COVID-19 and have completed my required days of self-isolation. I am well with no symptoms.

## **Recent travel outside of Canada:**

I have returned from travel outside of Canada and have followed [federal requirements for travellers for quarantine and testing after returning from international travel](#). I am well with no symptoms.

Date(s) of COVID-19 test(s) (if applicable): \_\_\_\_\_

(day / month / year)

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I declare that I am well, and able to return to hockey activities based on the [Screening for Patrons](#).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(day / month / year)

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return the completed form to your Organization Safety Rep.**

*Please note: It is up to each Organization Safety Rep to decide if they choose to accept and use this form.*