

East West Ice Palace/Center Ice Arena Skater Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workers and visitors, we would like to ask all skaters to undergo a screening questionnaire.

Skater Name

Home Rink

Coach Name

Email & phone number

SELF-DECLARATION BY VISITOR

1. Have you returned from any of the countries listed on the CDC site as Level 3 Travel Health Notice in the last 14 days? *Level 3 = currently Iran, Italy, South Korea, China, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City.*

Yes No
2. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days (family, friends, fellow coaches, students)?

Yes No
3. Have you been in close contact with anyone that has visited a country listed in the Level 3 Travel Health Notice above (family, friends, fellow coaches, students)?

Yes No
4. What coaches have you worked with in the past 4 weeks, and dates?

5. Have you had any cold or flu like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes No

Answering "yes" to any of these questions may result in denial of access to our facilities. If your responses change at any time during your visit (ex: you become sick), please immediately contact management.

Guest Skater/Parent (if minor) Signature

Date