



RISK RECOGNITION COVID-19

The new coronavirus, COVID-19, has been declared a global pandemic by the World Health Organization (WHO). COVID-19 is highly contagious and is believed to be spread primarily through person-to-person contact. As a result, government authorities, both local, provincial and federal, are recommending a variety of measures and prohibiting certain behaviour to reduce the spread of the virus. The FLOQ and its members, of which is a part, undertake to comply with all requirements and recommendations of the Santé Publique du Québec and other governmental authorities, and to implement and adopt all necessary measures to this effect. However, the FLOQ cannot guarantee that you (or your child, if the participant is a minor and/or the person for whom you are the guardian or legally responsible) will not be infected by COVID-19. In addition, your participation in the activities could increase your risk of contracting COVID-19, despite all the measures in place.

By signing this document,

1) I recognize the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child, if the participant is a minor and/or the person for whom I am the guardian or legal guardian) may be exposed or infected by COVID-19 through my (his) participation in the FLOQ activities. Exposure to or infection with COVID-19 may result in injury, illness or other conditions;

2) I declare that my participation (or that of my child, if the participant is a minor and/or the person for whom I am the guardian or legal responsible) in the activities of the FLOQ is voluntary;

3) I declare that neither I (or my child, if the participant is a minor and/or the person for whom I am the guardian or legal guardian), nor anyone living in my household, have had any cold or flu symptoms (including fever, cough, sore throat, respiratory illness or difficulty breathing) in the last 14 days;

4) If I (or my child, if the participant is a minor and/or the person for whom I am the guardian or legal responsible), experience cold or flu symptoms after signing this declaration, I (or my child, if the participant is a minor and/or the person for whom I am the guardian or legal responsible) agree not to attend or participate in the FLOQ (or any other FLOQ activity) for at least 14 days after the last onset of cold or flu symptoms.

5) I declare that neither I (or my child, if the participant is a minor and/or the person for whom I am the guardian or legal responsible), nor anyone living in my household, has travelled or stopped over outside Canada or in any province outside Quebec in the last 14 days. If I (or my child if the participant is a minor and/or the person for whom I am the guardian or legal responsible) travels outside the province of Quebec after signing this declaration, I (or my child if the participant is a minor and/or the person for whom I am the guardian or legal responsible) agree not to attend or participate in the activities of the FLOQ for at least 14 days after returning from the trip. This document will remain in effect until the FLOQ receives instructions from provincial government authorities and Quebec Public Health that the commitments contained in this declaration are no longer necessary.

I HAVE SIGNED THIS DECLARATION FREELY AND KNOWINGLY.

Name of participant (please print)

Name of parent / guardian / responsible person
(if the participant is a minor or cannot legally
give consent)

Participant's signature

Signature of parent/guardian/legal guardian

Place / Date: _____



HEALTH QUESTIONNAIRE

Name : _____

Day and time of training or Training group: _____

Have you noticed any of the following symptoms in the last 14 days?

	Symptoms	Yes	No
1	Body temperature higher than 37.5 °C		
2	Dry cough		
3	Irritated throat		
4	Sudden onset of shortness of breath		
5	Sudden onset of vomiting and/or diarrhea		
6	Sudden onset of joint and/or muscle pain		
7	Fatigue without known cause		

Are the following statements true for you?

	Symptoms	Yes	No
A	In the past 14 days, have you encountered anyone suspected or reportedly infected with Covid-19?		
B	Is anyone in your household under self-imposed or officially imposed quarantine?		
C	Do you live in the same household with an exposed and frail person (> 70 years of age, immunodeficient, has cardiac or chronic lung disease) ?		

I recognize that

If I have had COVID-19 and have been hospitalized, I must first see a doctor before I can resume activities.

If in the last 14 days I have had any symptoms suggesting a COVID-19 infection, I must take a Covid19 test, and it must be negative to resume activities.

Coach's signature

Practitioner / parent signature