



# Macdonald-Headingley

R E C R E A T I O N   D I S T R I C T

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This health assessment form is a tool that will aid the Macdonald Headingley Recreation District (MHRD) ensure that all MHRD programs and staff are safe at all times. Health and safety are a responsibility of every individual; we appreciate your understanding and cooperation in doing your part to look after one another.

*Please complete one form for each child registered in the program.*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

1. Does your child have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words, lying down), chest pain, confusion, extreme drowsiness or loss of consciousness?  
 Yes       No
2. Does your child have a new onset of any of the following symptoms: fever/chills, cough, sore throat/hoarse voice, shortness of breath, loss of taste or smell, vomiting, or diarrhea for more than 24 hours?  
 Yes       No
3. Does our child have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, skin rash or unknown cause or nausea or loss of appetite?  
 Yes       No
4. Has your child been in contact in the last 14 days with someone that is confirmed to have COVID-19?  
 Yes       No

5. Has your child been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, a cluster of cases or at an event?
- Yes       No
6. Has your child travelled outside of Manitoba in the last 14 days, excluding travel to western Canada, the territories or Ontario west of Terrace Bay?
- Yes       No

I agree that I have answered these questions truthfully and to the best of my knowledge.

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Signature

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Date (month/day/year)

*Information submitted will remain confidential and destroyed after 21 days.*