



Health Screening Evaluation

Have you been within 6 feet for a prolonged period of time of a person with a confirmed case of COVID-19 in the past 14 days?

Do you have now or recently had any of the following symptoms?

- *Fever or chills within the past 48 hours
- *Cough
- *Shortness of breath or difficulty breathing
- *Fatigue
- *Muscle or body aches
- *Headache
- *New loss of taste or smell
- *Sore throat
- *Congestion or runny nose
- *Nausea, vomiting or diarrhea

If you answered yes to any of the above, we ask that you please stay home, and return to the rink when you are symptom free.

As we continue to navigate this new reality, we kindly ask that face coverings be worn at all times, with the only exception for those on the ice. From entering the rink to leaving, it's everyone's responsibility to ensure our practice facilities remain a safe place. It is our mission to adapt, analyze plans and continue to make your visits as enjoyable and safe as possible.

Thank you for your continued support.

Stay safe,

Chicago Mission Staff