

City of Ogdensburg
Department of Public Works

901 Champlain Street - Ogdensburg, New York 13669
Telephone: (315) 393-2300 Fax: (315) 393-0886
<http://www.ogdensburg.org>



Name _____ Date _____

Phone number _____ Email address _____

Participating with: Ogdensburg Minor Hockey _____ Ogdensburg Figure Skating Club _____
Public Skate _____ Private Rental _____

Are you having shortness of breath or other difficulties breathing? Yes _____ No _____

Do you have a new onset of any of the following symptoms? Yes _____ No _____

- fever / chills
- cough
- sore throat / hoarse voice
- shortness of breath
- loss of taste or smell
- vomiting or diarrhea for more than 24 hours

Have you experienced recent loss of taste or smell? Yes _____ No _____

Have you been in contact with anyone with a positive COVID-19 positive test in the last 14 days? Yes _____ No _____

Do you currently have any COVID-19 tests pending because of exposure to a person positive for COVID or personal symptoms? Yes _____ No _____

Have you traveled to any COVID-restricted areas in the last 14 days? Yes _____ No _____

If your response to any of these questions is yes, you will not be permitted access into the Arena.

Temperature _____