**COVID-19 Screening checklist**

**If an individual answers YES to any of the questions, they MUST NOT be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screening tool.**

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| 1. Does the person attending the activity, have any of the below symptoms: | **CIRCLE ONE** | |
| • Fever | **YES** | **NO** |
| • Cough | **YES** | **NO** |
| • Shortness of Breath / Difficulty Breathing | **YES** | **NO** |
| • Sore throat | **YES** | **NO** |
| • Chills | **YES** | **NO** |
| • Painful swallowing | **YES** | **NO** |
| • Runny Nose / Nasal Congestion | **YES** | **NO** |
| • Feeling unwell / Fatigued | **YES** | **NO** |
| • Nausea / Vomiting / Diarrhea | **YES** | **NO** |
| • Unexplained loss of appetite | **YES** | **NO** |
| • Loss of sense of taste or smell | **YES** | **NO** |
| • Muscle/ Joint aches | **YES** | **NO** |
| • Headache | **YES** | **NO** |
| • Conjunctivitis | **YES** | **NO** |
| 2. Have you, or anyone in your household, travelled outside of Canada in the last 14 days? | **YES** | **NO** |
| 3. Have you or your children attending the program had close unprotected contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever? | **YES** | **NO** |
| 4. Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19? | **YES** | **NO** |

If you have answered “**Yes**” to any of the above questions **DO NOT** participate. Go home and use the **AHS Online Assessment Tool** to determine if testing is recommended.