

Screening Checklist

If an individual answer **yes** to any of the questions, they **must not** be allowed to participate in the activity. Children and youth will need a parent to assist them to complete this screening tool.

| 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 activity had close “unprotected” contact (face to face contact within 2 metres/6 ft) 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.