



Appendix D: Screening checklist

Football Alberta Screening Checklist

If an individual answers YES to any of the questions, they must not be allowed to participate in the sport or 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, returned from travel 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 two-meters) 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 COVID19? **YES NO**

If you have answered “YES” to any of the above questions do not participate. Proceed home and use the AHS Online Assessment Tool to determine if testing is recommended or call 811 to make an appointment.