



COVID-19 ALBERTA HEALTH DAILY CHECKLIST

All Sturgeon Hockey Club players and coaches must fill out this checklist prior to participating on the ice **EACH DAY**. This checklist only relates to new symptoms or worsening of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still participate.

Participant Name: _____ Date: _____

Screening Questions:

1.	Do you/your child have any new onset (or worsening) of any of the following 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 or Joint Ache	Yes	No
	• Headache	Yes	No
	• Conjunctivitis (commonly known as pink eye)	Yes	No
2.	Has the person attending the activity/facility travelled outside of Canada in the last 14 days?	Yes	No
3.	Have you/your child had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	Yes	No
4.	Have you/your child attending the program or activity had close unprotected* contact (face-to-face) within 2 meters/6 feet) in the last 14 days with someone who is ill**?	Yes	No
5.	Have you/your child 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

* "unprotected" means close contact without appropriate personal protective equipment

** "ill" means someone with COVID-19 symptoms on the list above.

If you answered "Yes" to any of the above, your child is not permitted to participate in activities with the Sturgeon Hockey Club and must follow government guidelines for self-isolating. Please contact Robert Potter at 587-338-9123 or u18director@sturgeonhockeyclub.com to inform us of the situation immediately.

I am the parent or guardian of the above-named child and have completed the screening checklist to the best of my knowledge. I give consent for the child's participation in all on and off ice activities with Sturgeon Hockey Club.

Parent Name: _____ Signature: _____