

COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

Overview

This tool has been developed to support activity organizers and facility operators in reducing the risk of transmission of COVID-19 among attendees. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Attendees should fill out this checklist prior to participating in the activity or program. If an individual answers **YES** to any of the questions, they **must not** be allowed to attend or participate in the activity or program. Children and youth will need a parent to assist them to complete this screening tool.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Initial Screening Questions

1.	Do you/your child have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	<input type="checkbox"/> Fever	YES	NO
	<input type="checkbox"/> Cough	YES	NO
	<input type="checkbox"/> Shortness of Breath / Difficulty Breathing	YES	NO
	<input type="checkbox"/> Sore throat	YES	NO
	<input type="checkbox"/> Chills	YES	NO
	<input type="checkbox"/> Painful swallowing	YES	NO
	<input type="checkbox"/> Runny Nose / Nasal Congestion	YES	NO
	<input type="checkbox"/> Feeling unwell / Fatigued	YES	NO
	<input type="checkbox"/> Nausea / Vomiting / Diarrhea	YES	NO
	<input type="checkbox"/> Unexplained loss of appetite	YES	NO
	<input type="checkbox"/> Loss of sense of taste or smell	YES	NO
	<input type="checkbox"/> Muscle/ Joint aches	YES	NO
	<input type="checkbox"/> Headache	YES	NO
	<input type="checkbox"/> 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 <u>unprotected*</u> 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 <u>unprotected*</u> contact (face-to-face contact 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 <u>unprotected*</u> 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.

I have answered truthfully to all questions above. I confirm I am eligible to attend the St. Albert Raiders Hockey Club Enhancement Camp, following the safety precautions outlined by the St. Albert Raiders Hockey Club.

Name:

Signature:

Date: