|  |
| --- |
| **PRE-ACTIVITY SCREENING / ATTENDANCE (All Minor / Adult / Slo-Pitch)** |
| * Designated volunteer(s) will ask every participant attending a sanctioned softball activity the following questions
* **If the participant answers ‘yes’ to any of the above questions they will not be allowed to take part in the team activities & will be asked to leave the area**
* A copy of this document must be submitted to Softball Alberta within 3 days of the activity. (Email – michele@softballalberta.ca)
 |
| **ASSOCIATION:** |  | **Team Name & Category:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **NAME***(Last & First)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. DOES THE PERSON ATTENDING THE ACTIVITY, HAVE ANY OF THE BELOW SYMPTOMS: | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Fever / CoughShortness of Breath Difficulty BreathingSore throat | Chills / Painful swallowingRunny Nose / Nasal CongestionFeeling unwell / FatiguedNausea / Vomiting / Diarrhea | Unexplained loss of appetiteLoss of sense of taste or smellMuscle/ Joint achesHeadache / Conjunctivitis  |
| *\*Explained symptoms (ex. allergies causing runny nose/nasal congestion) should not exclude participants* |
| 2. Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| 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? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| 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? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
|  |
| Designated Volunteer: |       | Signature: |  |
| Date: |       | Location: |       |

[June 15, 2020]