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| **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 / Cough  Shortness of Breath  Difficulty Breathing  Sore throat | | Chills / Painful swallowing  Runny Nose / Nasal Congestion  Feeling unwell / Fatigued  Nausea / Vomiting / Diarrhea | | Unexplained loss of appetite  Loss of sense of taste or smell  Muscle/ Joint aches  Headache / 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]