

Screening Checklist

If an individual answer **YES** to any of the questions, they must not be allowed to participate in the 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, travelled outside of Canada and have or had any of the above symptoms in the last 14 days?	YES	NO
3	Have you or your children attending the activity had close, "unprotected" contact (face to face contact within 2 metres/6 ft) 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 COVID-19?	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

If you have answered "yes" to any of the above questions do not participate. Go home and use the [AHS Online Assessment Tool](#) to determine if testing is recommended.

Name: _____ Ph: _____

Skater(s) Name: _____