

Kingston Aeros Trampoline Club Daily COVID-19 Self-Assesment

Name of participant: _____

Today's Date: _____

Participant's Temperature: _____

1. In the last 14 days, have you been in close physical contact with a person who is currently sick with a new cough, fever, or difficulty breathing? YES _____ NO _____
2. In the last 14 days, have you been in close physical contact with a person who returned from outside of Canada within the last 2 weeks? YES _____ NO _____
3. In the last 14 days, have you been in close physical contact with a person who has tested positive for COVID-19? YES _____ NO _____
4. Are you currently experiencing any of these symptoms? Check all that apply.
 - Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
 - Chills
 - Cough that is new or worsening (continuous, more than usual)
 - Barking cough, making a whistling noise when breathing (croup)
 - Shortness of breath (out of breath, unable to breathe deeply)
 - Sore throat
 - Difficulty swallowing
 - Runny nose (not related to seasonal allergies or other known causes or conditions)
 - Lost sense of taste or smell
 - Pink eye (conjunctivitis)
 - Headache that's unusual or long lasting
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Muscle aches (not sport related)
 - Extreme tiredness that is unusual (fatigue, lack of energy)
 - Falling down often
 - For young children and infants: sluggishness or lack of appetite
 - None of the above

SIGNATURE: _____