



Covid-19 Symptoms Checklist for Staff / Coaches / Referees / Participants

Attendees should fill out this checklist prior to participating in the activity or program. If an individual answer '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.

1. Do you/your child have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	YES	NO
• 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 (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