

Participant Name: _____ Participant Ringette Association: _____

Note: this form must be complete no sooner than 24 hours before the activity to reflect current health.

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

Overview

This tool has been developed to support activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

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

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

1.	Does the attendee 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 attendee travelled outside of Canada in the last 14 days?	YES	NO
3.	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.

** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

Guardian Name (if Participant is a minor): _____

Signature (Participant or Guardian for minor) _____

Date: _____