

APPENDIX 1: ALBERTA HEALTH DAILY CHECKLIST

(Source: AHS)

If an individual answer **yes** to any of the questions, they **must not** be allowed to participate in the sport. 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 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 (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 metres/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 metres/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

* “unprotected” means close contact without appropriate personal protective equipment.

** “ill” means someone with COVID-19 symptoms on the list above.

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.