



APPENDIX A: SCREENING CHECKLIST (Source: Alberta Government) [LINK](#)

If an individual answers **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. This may be filled in at each practice, or reviewed by athlete prior to practice and confirmed by each player to the coach or COVID manager upon arrival for each and every practice.

1.	Does the person attending the activity have any new onset (or worsening) of the below symptoms:	Circle or Confirm 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.	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

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.

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

** ‘ill/symptomatic’ means someone with COVID-19 symptoms on the list above.

***Fever as defined by AHS as Adults greater than 37.8o C Pediatrics greater than or equal to 38.0o C

[LINK](#)

****Muscle/Joint aches that would not be associated with return to sport activities