

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

| | | CIRCLE ONE | |
|----|--|------------|----|
| 1. | Does the attendee have any new onset (or worsening) of any of the following symptoms: | | |
| | • 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.

Child's Name: _____

Temperature: _____

Parent Signature: _____

Date: _____