



Screening Checklist

		CIRCLE ONE	
1.	Do you/your child 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 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