

## CHECKLIST SAMPLE COVID-19 HEALTH SCREENING

If you have had any of the following symptoms or if you have traveled outside of Canada within the past 14 days then you should not attend competition.

### Are you currently experiencing any of the following symptoms? (Any/all may apply.)

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or a cold)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that's unusual or long lasting
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling often
- For young children and infants: sluggishness or lack of appetite
- None of the above

### Are you in any of these at-risk groups?

- 70 years old or older
- getting treatment that compromises (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
- having a condition that compromises (weakens) your immune system (for example, lupus, rheumatoid arthritis, other autoimmune disorder)
- having a chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma, heart condition)
- regularly going to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment)

**In the last 14 days, have you been in close physical contact** (less than 2 metres away in the same room, workspace, or area for over 15 minutes) **with someone who tested positive for COVID-19?**

- Yes                       No

**In the last 14 days, have you been in close physical contact with a person who** is currently sick with a new cough, fever, or difficulty breathing, or returned from outside of Canada in the last 2 weeks?

- Yes                       No

**In the last 14 days have you travelled outside Canada?**

- Yes                       No

**Are you currently experiencing any of these issues? Call 911 if you are.**

- Severe difficulty breathing (struggling for each breath, can only speak in single words)
- Severe chest pain (constant tightness or crushing sensation)
- Feeling confused or unsure of where you are
- Losing consciousness