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