

Daily Screening Checklist



This checklist may be updated as the situation progresses over the next weeks and months.

Today's Date:		Activity Start Time:	
Participant Name:			
Activity/Group:	Recreation	Interclub	Competitive
1. Do you have any of the symptoms below? Please circle your answer.			
• Fever (greater than 38.0°C) and/or chills		Yes	No
• Coughing		Yes	No
• Sneezing		Yes	No
• Sore throat and/or painful swallowing		Yes	No
• Stuffy and/or runny nose		Yes	No
• Fatigue related to illness*		Yes	No
• Loss of appetite		Yes	No
• Shortness of breath		Yes	No
• Loss of sense of smell		Yes	No
• Headache		Yes	No
• Muscle aches related to illness*		Yes	No
2. Have you, or has anyone in your household travelled outside of Canada in the last 14 days?		Yes	No
3. Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?		Yes	No
4. Are you currently being investigated as a suspect case of COVID-19?		Yes	No
5. Have you tested positive for COVID-19 within the last 10 days?		Yes	No

*Note: fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors, and club personnel must determine the difference between this and symptoms of illness

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Printed Parent/Guardian Name (if athlete under the age of 19)

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Emergency Contact Name (Printed)

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Signature

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Phone Number