

**This form will be updated to reflect any Government of Alberta and Alberta Health Services changes to questions and requirements.*

Due to the Coronavirus (COVID-19) outbreak we are taking extra precautions with the care of every member to include session tracking, social distancing protocols and enhanced sanitation/disinfection procedures in accordance with the Alberta Health Services. This form **MUST** be filled out **EVERY SESSION**.

Session Start Date: _____ Session End Date: _____

Participant First and Last Name: _____

Activity/Class Name: _____

I understand/agree that by answering YES to any of the following questions, on any given day throughout the above noted session, the participant noted above is required to remain home and will NOT be allowed to participate in any training sessions, camps, or any other activities.

1.	Do you have any of the below symptoms:	CIRCLE ONE	
		YES	NO
	• Fever (greater than 38.0C)	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	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.*

If the participant has answered "YES" to any of the above questions do not participate. Proceed home and use the [AHS Online Assessment Tool](#) to determine if testing is recommended.

If the participant arrives exhibiting any of the above symptoms, staff has the right to refuse entry into the facility. If the participant develops any of the above symptoms, staff will implement their rapid response to symptomatic individuals' policy.

I understand that coaches, employees, or volunteers cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each participant.

Date

Parent/Guardian Name (if over the age of 18 Participant Name)

Parent/Guardian Signature (if over the age of 18 Participant Signature)