

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

Today's Date: _____ **Activity Start Time:** _____

Participant First and Last Name: _____

Activity/Group Name: _____

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, childcare or other activities.

Children may need a parent or guardian to assist them to complete this screening tool.

If your child has traveled outside Canada in the last 14 days, follow the [Government of Canada Travel, Testing, Quarantine and Borders instructions](#), including any requirements for exempt travelers related to attending high-risk environments.

1. Does the child have any new onset (or worsening) of the following other symptoms:		
Fever Temperature of 38 degrees Celsius or higher	YES	NO
Cough Continuous, more than usual, not related to other known causes or conditions such as asthma	YES	NO
Shortness of breath Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	YES	NO
Loss of sense of smell or taste Not related to other known causes or conditions like allergies or neurological disorders	YES	NO
If the child answered "YES" to any symptom in question 3: <ul style="list-style-type: none"> The child is to isolate for 10 days from onset of symptoms as per CMOH Order 39-2021 OR receive a negative COVID-19 test and feel better before returning to activities. Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. 		
If the child answered "NO" to all of the symptoms in question 1, proceed to question 2.		

2. Does the child have any new onset (or worsening) of the following other symptoms:		
Chills Without fever, not related to being outside in cold weather	YES	NO
Sore throat/painful swallowing Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
Runny nose/congestion Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
Feeling unwell/fatigued Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
Nausea, vomiting and/or diarrhea Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
Unexplained loss of appetite Not related to other known causes or conditions, such as anxiety or medication	YES	NO
Muscle/joint aches Not related to other known causes or conditions, such as arthritis or injury	YES	NO
Headache Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

If the child answered “YES” to ONE symptom in question 2:

- Keep your child home and monitor for 24 hours.
- If their symptom is **improving** after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.
- If the symptom **does not improve or worsens** after 24 hours (or if additional symptoms emerge), use the [AHS Online Assessment Tool](#) or call Health Link 811 to check if testing is recommended.

If the child answered “YES” to TWO OR MORE symptoms in question 2:

- Keep your child home.
- Use the [AHS Online Assessment Tool](#) or call Health Link 811 to determine if testing is recommended.
- Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

If the child answered “NO” to all questions:

- Your child may attend school, childcare and/or other activities.

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

Staff Name: _____ **Staff Signature:** _____