

Session Screening Checklist (FOR ADULTS 18 YEARS AND OLDER)

**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. *Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) OR receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and the following information on [isolation requirements](#).

1.	Do you have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• Fever *	YES	NO
	• Cough *	YES	NO
	• Shortness of Breath / Difficulty Breathing *	YES	NO
	• Runny Nose*	YES	NO
	• Sore throat*	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• 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 (commonly known as pink eye)	YES	NO
2.	Has the attendee travelled outside of Canada in the last 14 days?(Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Boarder Testing Pilot Program.)	YES	NO
3.	Has the attendee had close contact ¹ with a confirmed case of COVID-19 in the last 14 days?	YES	NO

¹Face-to-face contact within 2 meters. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

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

Participant Signature