

Session Start Date: _____ **Session End Date:** _____

Participant First and Last Name: _____

Activity/Group Name: _____

I understand/agree that by answering **YES** to any of the questions, on any given day throughout the noted session, the participant noted above is required to remain home and will **not be allowed** to attend or participate in any activity or program.

If you have 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. International travelers who become a case after arrival in Alberta should follow isolation requirements outlined by Government of Canada.

If you have received a message from Public Health indicating that you are a case¹ of COVID-19 or if you have tested positive on a [rapid test](#), you are required to isolate as per current [Public Health instructions](#). For more information on isolation requirements after a positive rapid test, refer to the [Rapid Testing at Home website](#).

1.	Have you been a household contact of a case¹ of COVID-19 in the last 14 days? A household contact: a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with a case of COVID-19. For example, someone who is a caregiver, or an intimate or sexual partner of a COVID-19 case.	YES	NO
<p>If you answered “YES” AND they are NOT fully immunized² :</p> <ul style="list-style-type: none"> You should stay home for 14 days from the last day of exposure and monitor for symptoms <p>If you answered “YES” and they are fully immunized² proceed to question 2: If you answered “NO” to question 1, proceed to question 2</p>			
2.	Do you have any new onset (or worsening) of the following symptoms:		
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath	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

If you answered “YES” to any symptom:

- Stay home
- You can use an at-home rapid test if available or the [AHS Online Assessment Tool](#) or call Health Link 811 to arrange for testing and to receive additional information on isolation.
- If you have fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell, you are required to isolate as per the current CMOH Order:
- If you are fully immunized² you must isolate for 5 days from the onset of symptoms or until they resolve³ whichever is longer. You must wear a mask for up to 5 days after your isolation period if you are outside of the home in a public place or otherwise in the company of other persons out of your household (no exceptions permitted OR
- If you are NOT fully immunized², you must isolate for 10 days from the onset of symptoms or until they resolve³ whichever is longer OR
- Until symptoms resolve³ if you receive a negative PCR COVID-19 test OR
- Until symptoms resolve³ if you receive two negative rapid antigen tests, with at least 24 hours between tests.

If you answered “NO”:

- You may attend the activity or program

² A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one dose series (i.e. Janssen vaccine)

³ Symptoms resolved means symptoms have improved and with no fever for 24 hours without the use of fever reducing medication

Today's Date: _____ **Staff Name:** _____

Staff Signature: _____