### Daily Screening Checklist

**Please read the following questions carefully. If you answer "YES" to any of the following questions, do not participate in the activity. Proceed home and use the AHS Online Assessment Tool to determine if testing is recommended.**

1. **Do you have any of the below symptoms?**
   - Fever (greater than 38.0C)
   - Cough
   - Shortness of Breath / Difficulty Breathing
   - Sore throat
   - Chills
   - Painful swallowing
   - Runny Nose/Nasal Congestion
   - Feeling unwell/Fatigued
   - Nausea/ Vomiting/ Diarrhea
   - Unexplained loss of appetite
   - Loss of sense of taste or smell
   - Muscle / Joint aches
   - Headache
   - Conjunctivitis
   
   **CIRCLE ONE**
   - YES
   - NO

2. **Have you, or anyone in your household travelled outside of Canada in the last 14 days?**
   - YES
   - NO

3. **Have you or your children attending the program had close unprotected contact (face-to-face contact within two-meters) with someone who is ill with cough and/or fever?**
   - YES
   - NO

4. **Have you or anyone in household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?**
   - YES
   - NO

---

**Staff Name:** ___________________________  **Staff Signature:** ___________________________

---

*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.*