

Today's Date: \_\_\_\_\_ Activity Start Time: \_\_\_\_\_

Participant First and Last Name: \_\_\_\_\_

Activity/Group Name: \_\_\_\_\_

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 case<sup>1</sup> 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.	<b>Have you been a household contact of a case<sup>1</sup> of COVID-19 in the last 14 days?</b> 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
<b>If you answered "YES" AND they are NOT fully immunized<sup>2</sup> :</b> <ul style="list-style-type: none"> <li>You should stay home for 14 days from the last day of exposure and monitor for symptoms</li> </ul>			
<b>If you answered "YES" and they are fully immunized<sup>2</sup> proceed to question 2:</b> If you answered "NO" to question 1, proceed to question 2			
2.	<b>Do you have any new onset (or worsening) of the following symptoms:</b>		
	• 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	
<b>If you answered "YES" to any symptom:</b> <ul style="list-style-type: none"> <li>Stay home</li> <li>You can use an at-home rapid test if available or the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul>			

- 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 immunized<sup>2</sup> you must isolate for 5 days from the onset of symptoms or until they resolve<sup>3</sup> 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 immunized<sup>2</sup>, you must isolate for 10 days from the onset of symptoms or until they resolve<sup>3</sup> whichever is longer OR
- Until symptoms resolve<sup>3</sup> if you receive a negative PCR COVID-19 test OR
- Until symptoms resolve<sup>3</sup> 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

<sup>2</sup> 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)

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

**Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_