

APPENDIX 1: ALBERTA HEALTH DAILY CHECKLIST

(Source: AHS)

Attendees should fill out this checklist prior to participating in the activity or program. If an individual answers YES to any of the questions, they **must** not be allowed to attend or participate in the activity or program. Children and youth will need a parent to assist them to complete this screening tool.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

1.	Does the attendee 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
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny Nose / 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?	YES	NO
3.	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

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

** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

If you have answered “yes” to any of the above questions **do not** participate. Go home and use the [AHS Online Assessment Tool](#) to determine if testing is recommended.