# Health Screening Checklist

If an individual answers yes to any of the questions, they must not be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screen tool.

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| 1. | Does the person attending the activity, have any of the symptoms below? | Circle One | |
|  | * new or worsening cough | Yes | No |
|  | * shortness of breath or difficulty breathing | Yes | No |
|  | * fever | Yes | No |
|  | * chills | Yes | No |
|  | * sore throat | Yes | No |
|  | * Runny nose, sneezing, congestion | Yes | No |
|  | * Headache | Yes | No |
|  | * Muscle aches | Yes | No |
|  | * Unusual fatigue | Yes | No |
|  | * Acute loss of smell or taste | Yes | No |
|  | * Gastrointestinal symptoms like nausea, vomiting or diarrhea | Yes | No |
| 2. | Have you, or anyone in your household, travelled outside of Prince Edward Island in the last 14 days? | Yes | No |