# 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 |