SWIM ALBERTA HEALTH DAILY CHECKLIST

Name of Swimmer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.     Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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| 1. | Does the attendee have any new onset (or worsening) of any of the following symptoms: | **CIRCLE ONE** |
|   |   | 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](https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx) [Online Assessment Tool](https://myhealth.alberta.ca/Journey/COVID-19/Pages/COVID-Self-Assessment.aspx)to determine if testing is recommended.

Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_