Flatland Sport Centre Daily Screening Form

V2 – September 1, 2020

Dear parent or guardian,

So we can assess our ability to care for your child today and to determine if your child can attend practice today, please answer all questions truthfully. Complete this form each day. Bring a hard copy, email it to your coach or coachjeff@flatlandswimming.ca. Or, you can submit this form via our online Google Form by clicking on this link: <https://forms.gle/pexFZuASf2RzmZRn9>

1. Does your child attending today, have any of the following symptoms? We are not screening for seasonal or environmental allergies; related symptoms to these scenarios would not preclude you from training. The following questions are meant to capture new symptoms, or a worsening of long-standing symptoms.

|  |  |  |
| --- | --- | --- |
| Symptom | YES | NO |
| Fever |  |  |
| Cough, with or without sore throat |  |  |
| Shortness of breath or difficulty breathing |  |  |
| Unexplained Fatigue |  |  |
| Loss of smell or taste |  |  |
| Bumpy purple or dark red rash on hands/feet |  |  |
| Body aches (unrelated to muscle soreness) |  |  |
| Red eyes or other eye ailment (unrelated to allergies) |  |  |
| General unwell feeling |  |  |
| Runny Nose or Congestion |  |  |
| Abdominal pain, nausea, diarrhea or vomiting |  |  |

2. Have you, or anyone in your household, travelled outside of Saskatchewan in the past 14 days?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please self-monitor. Please note that until further notice, the SHA is recommending that all residents avoid non-essential travel out of the province.

3. Have you, or anyone in your household, in the past 14 days travelled to a community in Saskatchewan with a COVID-19 outbreak?

\_\_\_\_ YES \_\_\_\_ NO

If yes, please answer question #4

4. Have you or anyone in your household been in direct unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?

\_\_\_\_ YES \_\_\_\_ NO

5. Have you, or anyone in your household travelled internationally and/or been instructed to self-isolate for any other reason?

\_\_\_\_ YES \_\_\_\_ NO

If you answered “yes” to questions #1, #4 or #5, please DO NOT enter at this time. Please send your form in anyway so we can record your response and monitor the reasons for missed practices.

If you have recently developed any of these symptoms, please call 811 or visit this website to : <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-self-assessment> to do a self-assessment to see if you require testing.

Be sure to practice good hand hygiene (use hand sanitizer or wash hands with soap and water for at least 20 seconds) before entering and leaving our practice space.

Our goal is to minimize the risk of illness to you, your children and family and our staff. We thank you for your cooperation and understanding.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_