

**Will be updated to reflect any Government of Alberta and Alberta Health Services changes to questions and requirements.*

Today's Date: _____ **Activity Start Time:** _____

Participant First and Last Name: _____

Activity/Group Name: _____

If an individual answers **YES** to any of the questions, they are **not allowed** to attend or participate in any activity or program. ***Individuals with fever, cough, shortness of breath, runny nose, or sore throat**, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and are feeling better before returning to activities. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and the following information on [isolation requirements](#).

1.	Do you 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
	• Runny Nose*	YES	NO
	• Sore throat*	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• 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?(Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Boarder Testing Pilot Program.)	YES	NO
3.	Has the attendee had close contact ¹ with a confirmed case of COVID-19 in the last 14 days?	YES	NO

¹Face-to-face contact within 2 meters. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

Staff Name: _____ **Staff Signature:** _____