

## Session Screening Checklist (FOR CHILDREN UNDER 18)

*\*This form will be updated to reflect any Government of Alberta and Alberta Health Services changes to questions and requirements.*

Due to the Coronavirus (COVID-19) outbreak we are taking extra precautions with the care of every member to include session tracking, social distancing protocols and enhanced sanitation/disinfection procedures in accordance with the Alberta Health Services. This form **MUST** be filled out **EVERY SESSION**.

Session Start Date: \_\_\_\_\_ Session End Date: \_\_\_\_\_

Participant First and Last Name: \_\_\_\_\_

Activity/Class Name: \_\_\_\_\_

**I understand/agree that by answering YES to question 1 the participant must quarantine for 14 days, if participant answers YES to question 2 participant must isolate for 10 days, and if participant answers Yes to questions 3 please follow the instructions given by AHS, this checklist MUST be completed every day before going to the gymnastics club throughout the above noted session.**

**1. Has the child: (Choose any/all possible exposures)**

<p><b>Traveled outside Canada in the last 14 days?</b> When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days unless enrolled in the Alberta COVID-19 International Border Pilot Project</p>	YES	NO
<p><b>Had close contact with a case of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 meters for 15 minutes or longer, or direct physical contact such as hugging</p>	YES	NO
<p><b>If the child answered “YES” to any of the above:</b></p> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure. <ul style="list-style-type: none"> <li>If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times.</li> </ul> </li> <li>If the child develops any symptoms, use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> </ul> <p><b>If the child answered “NO” to both of the above:</b></p> <ul style="list-style-type: none"> <li>Proceed to question 2.</li> </ul>		

**2. Does the child have any new onset (or worsening) of the following core symptoms:**

<p><b>Fever</b> Temperature of 38 degrees Celsius or higher</p>	YES	NO
<p><b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma</p>	YES	NO
<p><b>Shortness of breath</b> Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma</p>	YES	NO
<p><b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders</p>	YES	NO
<p><b>If the child answered “YES” to any symptom in question 2:</b></p> <ul style="list-style-type: none"> <li>The child is to isolate for 10 days from onset of symptoms.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul> <p><b>If the child answered “NO” to all of the symptoms in question 2:</b></p> <ul style="list-style-type: none"> <li>Proceed to question 3.</li> </ul>		

**3. Does the child have any new onset (or worsening) of the following other symptoms:**

<b>Chills</b> Without fever, not related to being outside in cold weather	YES	NO
<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
<b>Feeling unwell/fatigued</b> Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury	YES	NO
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
<b>Unexplained loss of appetite</b> Not related to other known causes or conditions, such as anxiety or medication	YES	NO
<b>Muscle/joint aches</b> Not related to other known causes or conditions, such as arthritis or injury	YES	NO
<b>Headache</b> Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
<b>Conjunctivitis</b> (commonly known as pink eye)	YES	NO
<p><b>If the child answered “YES” to ONE symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>Keep your child home and monitor for 24 hours.</li> <li>If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.</li> <li>If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to check if testing is recommended.</li> </ul> <p><b>If the child answered “YES” to TWO OR MORE symptoms in question 3:</b></p> <ul style="list-style-type: none"> <li>Keep your child home.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> <li>Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.</li> </ul> <p><b>If the child answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>Your child may attend school, child care and/or other activities.</li> </ul>		

If the participant arrives exhibiting any of the above symptoms, staff has the right to refuse entry into the facility. If the participant develops any of the above symptoms, staff will implement their rapid response to symptomatic individuals’ policy.

I understand that coaches, employees, or volunteers cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each participant.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Name (if over the age of 18 Participant Name)

\_\_\_\_\_

Parent/Guardian Signature (if over the age of 18 Participant Signature)