## **Daily Screening Checklist**

This checklist may be updated as the situation progresses over the next weeks and months.

## **Daily Screening Checklist**

Participant Name:  Activity/Group:  1. Do you have any of the symptoms below? Please circle your answer.  • Fever (greater than 38.0°C) and/or chills  • Coughing  • Sneezing  • Sneezing  • Sore throat and/or painful swallowing  • Stuffy and/or runny nose  • Fatigue related to illness*  • Loss of appetite  • Shortness of breath  • Loss of sense of smell  • Headache  • Muscle aches related to illness*  • Muscle aches related to illness*  • Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	ipant Name:  ty/Group:  Do you have any of the symptoms below? Please circle your answer.  • Fever (greater than 38.0°C) and/or chills  • Coughing  • Sneezing  • Sore throat and/or painful swallowing  • Stuffy and/or runny nose  • Fatigue related to illness*  • Loss of appetite  • Shortness of breath  • Loss of sense of smell  • Headache  • Muscle aches related to illness*  • Muscle aches related to illness in contact in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N								
Fever (greater than 38.0°C) and/or chills     Coughing     Sneezing     Sore throat and/or painful swallowing     Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Fess  Pess  Yes  Yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	by/Group:  Do you have any of the symptoms below? Please circle your answer.  Fever (greater than 38.0°C) and/or chills  Coughing  Sneezing  Sneezing  Sore throat and/or painful swallowing  Stuffy and/or runny nose  Fatigue related to illness*  Loss of appetite  Shortness of breath  Loss of sense of smell  Headache  Headache  Muscle aches related to illness*  Muscle aches relat	Today's Date:			Activity Start Time:				
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Fever (greater than 38.0°C) and/or chills     Coughing     Sneezing     Sore throat and/or painful swallowing     Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Fever (greater than 38.0°C) and/or chills  Yes  Yes  Yes  Shortness of yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Fever (greater than 38.0°C) and/or chills Coughing Sneezing Sore throat and/or painful swallowing Stuffy and/or runny nose Fatigue related to illness* Loss of appetite Shortness of breath Loss of sense of smell Loss of sense of smell Headache Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N	Activi	ty/Group:						
Fever (greater than 38.0°C) and/or chills  Coughing  Sneezing  Sore throat and/or painful swallowing  Stuffy and/or runny nose Fatigue related to illness*  Loss of appetite  Shortness of breath  Loss of sense of smell  Headache  Muscle aches related to illness*  Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Fever (greater than 38.0°C) and/or chills Coughing Sneezing Sore throat and/or painful swallowing Stuffy and/or runny nose Fatigue related to illness* Loss of appetite Shortness of breath Loss of sense of smell Loss of sense of smell Headache Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N								
Coughing     Sneezing     Sore throat and/or painful swallowing     Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Shortness of smell     Headache     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Coughing Sneezing Yes N Sore throat and/or painful swallowing Stuffy and/or runny nose Fatigue related to illness* Loss of appetite Shortness of breath Loss of sense of smell Shortness of sense of smell Headache Headache Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19? Yes N	1.		Do you have any of the symptoms below? Please circle your answer.					
Sneezing     Sore throat and/or painful swallowing     Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Sneezing Sore throat and/or painful swallowing Stuffy and/or runny nose Fatigue related to illness* Shortness of appetite Shortness of breath Shortness of sense of smell Headache Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N		• Fev	er (greater than 38.0°C) and/or c	hills	Yes	No		
Sore throat and/or painful swallowing     Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Sore throat and/or painful swallowing Stuffy and/or runny nose Fatigue related to illness* Loss of appetite Shortness of breath Loss of sense of smell Loss of sense of smell Headache Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days? Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N		Cou	ghing		Yes	No		
Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	Stuffy and/or runny nose     Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Loss of sense of smell     Headache     Headache     Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days? Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N		Sne	zing		Yes	No		
Fatigue related to illness*     Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes	Fatigue related to illness*     Loss of appetite     Shortness of breath     Shortness of sense of smell     Loss of sense of smell     Headache     Muscle aches related to illness*     Muscle aches related to illness*     Mave you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N		Sore	throat and/or painful swallowing	g	Yes	No		
Loss of appetite     Shortness of breath     Loss of sense of smell     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes	Loss of appetite     Shortness of breath     Loss of sense of smell     Headache     Headache     Muscle aches related to illness* Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N		• Stuf	fy and/or runny nose		Yes	No		
Shortness of breath     Loss of sense of smell     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes	Shortness of breath     Loss of sense of smell     Headache     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N		• Fati	gue related to illness*		Yes	No		
Loss of sense of smell     Headache     Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes	Loss of sense of smell     Headache     Headache     Muscle aches related to illness*     Muscle aches related to illness*     Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N		• Loss	of appetite		Yes	No		
Headache     Muscle aches related to illness*  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes  Yes	Headache     Muscle aches related to illness*     Wes N  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N  N		• Sho	tness of breath		Yes	No		
Muscle aches related to illness*     Yes  Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Yes	Muscle aches related to illness*     Yes N Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N		• Loss	of sense of smell		Yes	No		
<ol> <li>Have you, or has anyone in your household travelled outside of Canada in the last 14 days?</li> </ol>	Have you, or has anyone in your household travelled outside of Canada in the last 14 days?  Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes N		• Hea	dache		Yes	No		
last 14 days?	Have you, or has anyone in your household been in contact in the last 14 Yes N days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19? Yes N		• Mus	cle aches related to illness*		Yes	No		
	days with someone who is being investigated or who has a confirmed case of COVID-19?  Are you currently being investigated as a suspect case of COVID-19?  Yes  N	2.					No		
days with someone who is being investigated or who has a confirmed case of		3.	days with someone who is being investigated or who has a confirmed case of				No		
Are you currently being investigated as a suspect case of COVID-19?     Yes	Have your tested and the few COVID 40 within the lest 40 days?	4.	Are you curr	Are you currently being investigated as a suspect case of COVID-19?			No		
<ol> <li>Have you tested positive for COVID-19 within the last 10 days?</li> </ol> Yes	Have you tested positive for COVID-19 within the last 10 days?  Yes N	5.	Have you te	you tested positive for COVID-19 within the last 10 days?			No		
urticipant or	manr or	Parent/Guardian name: Signature							
Participant or Parent/Guardian name: Signature		Emerg	gency Contact	#:					
	t/Guardian name: Signature	Staff Name: Signature							

<sup>\*</sup>Note: fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors, and club personnel must determine the difference between this and symptoms of illness.