

# COVID- 19 ALBERTA HEALTH DAILY CHECKLIST

## Overview

This tool has been developed to support schools, activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Attendees should complete this checklist prior to participating in the activity or program. Children and youth may need a parent to assist them to complete this screening tool.

If an individual answers YES to any of the questions, they must not be allowed to attend or participate in the 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](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#)

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

TEAM NAME \_\_\_\_\_

YOUR NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	• <i>Fever*</i>	YES	NO
	• <i>Cough*</i>	YES	NO
	• <i>Shortness of breath/difficulty breathing*</i>	YES	NO
	• <i>Runny Nose*</i>	YES	NO
	• <i>Sore Throat*</i>	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
	• Conjunctivas (commonly known as pink eye)	YES	NO
	• Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
	• Has the attendee had close contact with a confirmed case of COVID- 19 In the last 14 days?	YES	NO
	• Has the attendee had a close contact with an individual who has any one of the first 5 symptoms on the list (shaded) AND who is a close contact of a confirmed case of COVID- 19 in the last 14 days?	YES	NO