



COVID CHECK-IN/CHECK-OUT FORM

I _____ take full responsibility of social distancing according to the Alberta Health Services Regulations. I am aware that I must stay 2 meters away from another person. I have been informed where all Hand Sanitizing stations are located.

I take full responsibility if I am noncompliant with Alberta Health Services. I understand I will be held responsible for any fines.

If an individual answer yes to any of the questions, they must not be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screening tool.

1.	Does the person attending the activity, have any of the below symptoms:	YES	NO
	Fever	<input type="checkbox"/>	<input type="checkbox"/>
	Cough	<input type="checkbox"/>	<input type="checkbox"/>
	Shortness of Breath / Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>
	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
	Chills	<input type="checkbox"/>	<input type="checkbox"/>
	Painful swallowing	<input type="checkbox"/>	<input type="checkbox"/>
	Runny Nose / Nasal Congestion	<input type="checkbox"/>	<input type="checkbox"/>
	Feeling unwell / Fatigued	<input type="checkbox"/>	<input type="checkbox"/>
	Nausea / Vomiting / Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
	Unexplained loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
	Loss of sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
	Muscle/ Joint aches	<input type="checkbox"/>	<input type="checkbox"/>
	Headache	<input type="checkbox"/>	<input type="checkbox"/>
	Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "yes" to any of the above questions do not participate. Go home and use the AHS Online Assessment Tool to determine if testing is recommended

Booked time in: _____ am/pm

Booked time out: _____ am/pm

Print Name(s): _____

Signature(Parent/Guardian): _____

Date: _____