**EVPC Multisport CAMPS COVID-19 SCREENING CHECKLIST**

(Covid-19 Information - AHS Guidance for Organized Sport, Physical Activity and Recreation Screening Checklist)

If an individual answers **YES** to any of the questions, they will not be allowed to participate in the EVPC multisport camp. Children and youth will require an adult to assist them in completing this screening tool.

|  |  |  |
| --- | --- | --- |
|  | Does the person attending the activity, have any of the below symptoms: | CIRCLE ONE  |
|  | * Fever
 | **YES** | **NO** |
|  | * Cough
 | **YES** | **NO** |
|  | * Shortness of Breath/Difficulty Breathing
 | **YES** | **NO** |
|  | * Sore Throat
 | **YES** | **NO** |
|  | * Chills
 | **YES** | **NO** |
|  | * Painful Swallowing
 | **YES** | **NO** |
|  | * Runny Nose/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
 | **YES** | **NO** |
|  | Have you, or anyone in your household, travelled outside of Canada in the last 14 days? | **YES** | **NO** |
|  | 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? | **YES** | **NO** |
|  | 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? | **YES** | **NO** |

If you have answered **“YES”** to any of the above questions **do not participate.** Go home and use the [AHS Online Assessment Tool](https://myhealth.alberta.ca/Journey/COVID-19/Pages/Assessment.aspx) to determine if testing is recommended.

In addition, my child and I have read and reviewed EVPC’s Covid-19 Procedural Guide and Protocols provided to me over email and through EVPC’s website at www.evpcenter.com

I confirm that I have read and fully understand the guidelines regarding the Screening Checklist above as well as the EVPC Multisport Covid-19 Procedural Guide and Protocols and will abide by the policies listed.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy)

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_