

Participant Name: _____ Participant Ringette Association: _____
 Event Description (Game, Practice, etc): _____
 Event Date: _____ Event Time: _____

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)



Overview

This checklist applies for all children, as well as all students who attend kindergarten to Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, child care or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

Screening Questions

1. Has the child:

(Choose any/all possible exposures)

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

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

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

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

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

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care facility for 10 days from when symptoms started/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

Signature (Participant or Guardian for minor) _____ Date: _____



Note: this form must be complete no sooner than 24 hours before the activity to reflect current health.

Participant Name: _____ Participant Ringette Association: _____

Event Description (Game, Practice, etc): _____

Event Date: _____ Event Time: _____

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR ADULTS 18 YEARS AND OLDER)

Overview

This tool was 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 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.

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](#) **OR** receive a negative COVID-19 test and feel better before returning to activities.

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.

Screening Questions

		CIRCLE ONE	
1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:		
	• <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	
• Conjunctivitis (commonly known as pink eye)	YES	NO	
2.	Has the attendee travelled outside Canada in the last 14 days? (Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Border Testing Pilot Program.)	YES	NO
3.	Has the attendee had close contact ¹ with a case of COVID-19 in the last 14 days?	YES	NO

¹Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

Participant Signature _____ Date: _____