



## COVID SCREENING FORM

Name: \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program/Event Name: \_\_\_\_\_

Please fill out this check list before attending your meeting or event.

If you answer yes to any of the questions, please do not attend this program. Go home and phone 811 or use the Alberta COVID online screening tool to assess if a COVID test is needed. For children and youth, please have a parent assist in completing this screening tool.

### Screening Questions

1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• 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 (commonly known as pink eye)	YES	NO
2.	Has the attendee travelled outside of Canada in the last 14 days?	YES	NO
3.	Has the attendee had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Has the attendee had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

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

\*\* 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above.

This form is being used only to help minimize the transmission of COVID 19 by assessing symptoms of people visiting the premises. The info on these forms will be kept confidential and will only be used for the purposes of contract tracing in the event of a positive case being linked to this location. These forms will be destroyed by shredding 21 days after they are filled out.