

AP 167 Appendix C

HFCRD DAILY HEALTH CHECKLIST

Last Updated: February 23, 2021

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

Screening Questions for adults 18 and older

1.	Have you traveled outside Canada in the last 14 days?	YES	NO
If you answered "YES": You are required to quarantine for 14 days from the last day of exposure. If you develop any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. If you answered "NO", proceed to question 2.			
2.	Have you had close contact with a case ¹ 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 Note: A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact	YES	NO
If you answered "YES": You are required to quarantine for 14 days from the last day of exposure. NOTE: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to another case of COVID-19 are not required to quarantine. If you answered "NO", proceed to question 3.			
3.	Do you have any new onset (or worsening) of the following symptoms:		
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath / Difficulty Breathing	YES	NO
	Runny Nose	YES	NO
	Sore throat	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 (Pink Eye)	YES	NO
<p>If you answered “YES” to any symptom in question 3:</p> <ul style="list-style-type: none"> - Stay home and do not attend or participate in the activity or program. - Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. - Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per CMOH Order 05-2020 OR receive a negative COVID-19 test and feel better before returning to activities, as long as they have no known exposure. <p>If you answered “NO” to all questions:</p> <ul style="list-style-type: none"> - You may attend the activity or program. 			

¹ A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#)

_____	_____
Name	Date
_____	_____
Phone Number	HFCRD Site