

COVID-19 INFORMATION

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

| 1. | Does the attendee have any new onset (or worsening) of any of the following symptoms: | CIRCLE ONE | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| | | YES | NO |
| | • <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 |

¹ Face-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.