

**Will be updated to reflect any Government of Alberta and Alberta Health Services changes to questions and requirements.*

Today's Date: _____ **Activity Start Time:** _____

Participant First and Last Name: _____

Activity/Group Name: _____

Children should be screened every day by completing this checklist before going to the Gymnastics Club. Children may need a parent or guardian to assist them to complete this screening tool.

1. Has the child traveled outside Canada in the last 14 days?	YES	NO
<p>If the child answered "YES":</p> <ul style="list-style-type: none"> The child is required to quarantine for 14 days from the last day of exposure. If the child develops any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended. <p>If the child answered "NO", proceed to question 2</p>		
2. Had close contact with a case of COVID-19 in the last 14 days? Face-to-face contact within 2 meters 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
<p>If the child answered "YES":</p> <ul style="list-style-type: none"> You are required to quarantine for 14 days from the last day of exposure, except: <ul style="list-style-type: none"> Previously tested positive for COVID-19 in last 90 days before exposure: <ul style="list-style-type: none"> No quarantine required. Monitor for symptoms for 14 days. Fully immunized² against COVID-19: <ul style="list-style-type: none"> No quarantine required. Monitor for symptoms for 14 days. Partially immunized³ against COVID-19: <ul style="list-style-type: none"> Quarantine for 10 days. If tested on day 7 or later after exposure, quarantine ends after receiving a negative test result. <p>If the child answered "NO" or if they have symptoms, proceed to question 3.</p>		
3. Does the child have any new onset (or worsening) of the following other 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
<p>If the child answered "YES" to any symptom in question 3:</p> <ul style="list-style-type: none"> The child is to isolate for 10 days from onset of symptoms OR receive a negative COVID-19 test and feel better before returning to activities. Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. <p>If the child answered "NO" to all of the symptoms in question 3, proceed to question 4.</p>		

4. 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

If the child answered “YES” to ONE symptom in question 4:

- 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.

If the child answered “YES” to TWO OR MORE symptoms in question 4:

- 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.

If the child answered “NO” to all questions:

- Your child may attend school, childcare 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.

Staff Name: _____ **Staff Signature:** _____

¹ A lab-confirmed case OR a probable case as defined in the Alberta COVID-19 Notifiable Disease Guideline

² Fully-immunized = 14 days after receiving the second dose of a two doses vaccine series OR 14 days after receiving one dose of a one-dose vaccine series.

³ Partially-immunized = 14 days after receiving the first dose of a two-dose vaccine series

NOTE: Individuals who are profoundly immunocompromised and fully immunized should follow quarantine protocol for partially immunized individuals; those who are partially immunized should follow the protocol for those who have not been immunized. Profoundly immunocompromised person should always consult with their primary care provider if exposed.