

# Daily Screening Checklist (FOR CHILDREN UNDER 18)

*\*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.

<b>1. Has the child traveled outside Canada in the last 14 days?</b>	<b>YES</b>	<b>NO</b>
<p><b>If the child answered "YES":</b></p> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure.</li> <li>If the child develops any symptoms, use the AHS Online Assessment Tool or call Health Link 811 to determine if testing is recommended.</li> </ul> <p><b>If the child answered "NO", proceed to question 2</b></p>		
<b>2. Had close contact with a case of COVID-19 in the last 14 days?</b> Face-to-face contact within 2 meters for 15 minutes or longer, or direct physical contact such as hugging	<b>YES</b>	<b>NO</b>
<p><b>If the child answered "YES" to any of the above:</b></p> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure.</li> </ul> <p><b>NOTE:</b> 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.</p> <p><b>If the child answered "NO" proceed to question 3.</b></p>		
<b>3. Does the child have any new onset (or worsening) of the following core symptoms:</b>		
<b>Fever</b> Temperature of 38 degrees Celsius or higher	<b>YES</b>	<b>NO</b>
<b>Cough</b> Continuous, more than usual, not related to other known causes or conditions such as asthma	<b>YES</b>	<b>NO</b>
<b>Shortness of breath</b> Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma	<b>YES</b>	<b>NO</b>
<b>Loss of sense of smell or taste</b> Not related to other known causes or conditions like allergies or neurological disorders	<b>YES</b>	<b>NO</b>
<p><b>If the child answered "YES" to any symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul> <p><b>If the child answered "NO" to all of the symptoms in question 3, proceed to question 4.</b></p>		

4. Does the child have any new onset (or worsening) of the following other symptoms:		
<b>Chills</b> Without fever, not related to being outside in cold weather	YES	NO
<b>Sore throat/painful swallowing</b> Not related to other known causes/conditions, such as seasonal allergies or reflux	YES	NO
<b>Runny nose/congestion</b> Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather	YES	NO
<b>Feeling unwell/fatigued</b> 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
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
<b>Unexplained loss of appetite</b> Not related to other known causes or conditions, such as anxiety or medication	YES	NO
<b>Muscle/joint aches</b> Not related to other known causes or conditions, such as arthritis or injury	YES	NO
<b>Headache</b> Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
<b>Conjunctivitis</b> (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:** \_\_\_\_\_