



Mandatory Daily Screening Checklist (Health Wellness Check)

This checklist may be updated as the situation progresses over the next weeks and months.

Before entering the facility, please ask yourself the following:

1. Do you have any of the following symptoms:
 - a. Fever (greater than 38.0 deg C) and /or chills
 - b. Coughing
 - c. Sneezing
 - d. Sore throat and /or painful swallowing
 - e. Stuffy and /or runny nose
 - f. Fatigue related to illness*
 - g. Loss of appetite
 - h. Shortness of breath/Loss of sense of smell
 - i. Headache
 - j. Muscle aches related to illness*
 - k. Nausea or diarrhea
2. Does anyone in your household have any of the above symptoms?
3. Have you or anyone in your household travelled outside of Canada within the last 14 days?
4. Have you, or has anyone in your household, in the last 14 days, been in contact with someone who is being investigated or who has a confirmed case of COVID-19?
5. Are you or anyone in your household currently being investigated as a suspect case of COVID-19?
6. Have you or anyone in your household tested positive for COVID-19 within the last 10 days?

Answering YES to any of the above questions will prevent you from entering the facility with immediate effect. Please contact your local health authority for more directions.

If you suffer from any allergies that may display any of the above symptoms, please provide details of the allergy in "Participation Declaration of Compliance' Appendix III Part A of RGA Covid-19 safety plan.

***Note:** *fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors, and club personnel must determine the difference between this and symptoms of illness.*