



PROGRAM/EVENT	
DATE	
NAME	
PHONE NUMBER	
MEMBERSHIP #	

1.	Do you have any of the following:	CIRCLE ONE	
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore Throat	YES	NO
	• Chills	YES	NO
	• Painful Swallowing	YES	NO
	• Runny Nose / 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.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

* face-to-face contact within 2 metres. A health care worker in an occupational setting wearing the recommended personal protective equipment is not considered to be a close contact

** Ill / Symptomatic means someone with COVID-19 symptoms on the list above

{COVID -19 Alberta Health Daily Checklist from Alberta.ca; updated August 2020}