

APPENDIX 3: COVID-19 SYMPTOMS CHECKLIST

Covid-19 Symptoms Checklist for Staff / Coaches / Participants

1.	Do you have any of the below symptoms?		
	<input type="checkbox"/> Fever (greater than 38.0C)	YES	NO
	<input type="checkbox"/> Cough	YES	NO
	<input type="checkbox"/> Shortness of Breath / Difficulty Breathing	YES	NO
	<input type="checkbox"/> Sore Throat	YES	NO
	<input type="checkbox"/> Runny Nose	YES	NO
2.	Has anyone in your household experienced any of the above symptoms in the last 14 days?	YES	NO
3.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
4.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19?	YES	NO
5.	Are you currently being investigated as a suspect case of Covid-19?	YES	NO
6.	Have you tested positive for Covid-19 within the last 10 days?	YES	NO

If an individual answer 'YES' to any of the questions above, they are not to be permitted to participate in training for a minimum of 14 days