

## FLC Seniors Club Activity COVID-19 Screening Checklist

I acknowledge and understand the COVID-19 virus can be transmitted by asymptomatic people. This FLC Seniors Club Activity is following government rules and regulations but there can be no assurance that the virus will not be contracted by participating in our activity. Please understand that you are taking part in this activity at your own risk.

If you answer “**YES**” to any of the questions below, you will not be allowed to participate in this activity. Go home and use the **AHS Online Assessment Tool** to determine if testing is recommended.

1.	Do you or anyone in your household have any of the below symptoms?	CIRCLE ONE	
	• Fever > 38C	YES	NO
	• Cough (new or worsening 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 (pink eye)	YES	NO
2.	Have you, or anyone in your household, travelled or been in contact with anyone who has travelled outside of Canada (including the USA) in the last 14 days?	YES	NO
3.	Have you or anyone in your household had close contact with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close 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 or anyone in your household currently waiting for the results of a laboratory test for COVID-19?	YES	NO

If you have answered “**YES**” to any of the above questions, do not participate in this activity.