

EVC CAMPS COVID-19 SCREENING CHECKLIST

(Covid-19 Information - AHS Guidance for Organized Sport, Physical Activity and Recreation Screening Checklist)

If an individual answers **YES** to any of the questions, they will not be allowed to participate in the EVC volleyball camp. Children and youth will require an adult to assist them in completing this screening tool.

1.	Does the person attending the activity, have any of the below symptoms:	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	YES	NO
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

If you have answered **“YES”** to any of the above questions **do not participate**. Go home and use the [AHS Online Assessment Tool](#) to determine if testing is recommended.

In addition, my child and I have read and reviewed EVC’s Covid-19 Procedural Guide and Protocols provided to me over email and through EVC’s website at www.edmontonvolleyballcamps.com

I confirm that I have read and fully understand the guidelines regarding the Screening Checklist above as well as the EVC Volleyball Camp Covid-19 Procedural Guide and Protocols and will abide by the policies listed.

Participant Name: _____ Participant Date of Birth: _____(mm/dd/yyyy)

Guardian Name: _____

Guardian Signature (if participant is a minor): _____ Date: _____