

Calgary West Little League



If an individual answer **yes** to any of the questions, they **must not** be allowed to participate in the sport. Children and youth will need a parent to assist them to complete 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.