SCREENING CHECKLIST

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.

Swimmer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Does the person attending the activity, have any of the below symptoms? | Circle One | |
| 1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness? | YES | NO |
| 1. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down? | YES | NO |
| 1. Do you have a new onset of any of the following symptoms?   (fever / chills; cough; sore throat / hoarse voice; shortness of breath; loss of taste or smell; vomiting or diarrhea for more than 24 hours) | YES | NO |
| 1. Do you have a new onset of 2 or more of any of the following symptoms?   (runny nose; muscle aches; fatigue; conjunctivitis (pink eye); headache; skin rash of unknown cause; nausea or loss of appetite; if the patient is an infant, poor feeding) | YES | NO |
| A.1 Have you been in close contact in the last 14 days with someone that is confirmed to have COVID-19? | YES | NO |
| A.2 Have you had laboratory exposure while working directly with specimens known to contain COVID-19? | YES | NO |
| A.3 Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace or community with a cluster of cases, or at an event? | YES | NO |
| A.4 Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19? | YES | NO |
| A.5 Have you travelled outside of Canada, or within Canada excluding travel to western Canada the territories or Ontario west of Terrace Bay in the last 14 days? | YES | NO |
| A.6A In the last 14 days has anyone living in your household travelled outside of Canada, or within Canada excluding travel to western Canada, the territories or Ontario west of Terrace Bay? | YES | NO |

If you have answered “**yes**” to any of the above questions **do not** participate. Go home and use the [Manitoba COVID-19 Screening Tool](https://sharedhealthmb.ca/covid19/screening-tool/) to determine if testing is recommended.

Clubs are encouraged to develop an electronic form (ex. Google Form, Survey Monkey, etc.) to facilitate the non-contact rule that every swimmer must complete before every training session before they leave home.