



SELF-SCREENING HEALTH FORM

PARTICIPANT HEALTH INFORMATION

For each participant, please indicate the following information on the Participant Roster

Health Conditions:

- Health condition facilitator should be aware of
- Medications required to treat health condition (For example: asthma requires inhaler)

Self Screen Status:

- PASS - check off all boxes
- NO Pass - must plan to pass prior to session

SELF-SCREEN CHECKLIST

Each participant **MUST** Self-Screen by agreeing to the statements below when registering as well as answer Onsite Screening questions upon arrival. Review the questions below & indicate your status on the Participant Roster:

- I have not have travelled outside of Canada in the 14 days prior to my session
- I have not been in close contact with someone who tested positive for COVID-19 in the last 14 days
- I am not in close contact with a person who is sick with new respiratory symptoms or who recently travelled outside Canada
- I do not have a fever (temperature ≥ 37.8 °C or 100°F)
- I do not have any of the following symptoms:
 - Chills
 - New or worsening cough (dry or productive)
 - Barking cough (croup)
 - Shortness of breath/difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Loss of taste or smell
 - Pink eye (conjunctivitis)
 - Headache that is unusual or long-lasting
 - Runny or stuffy nose (not related to seasonal allergies or other known causes or conditions)
 - Nausea/vomiting/diarrhea/abdominal pain
 - Muscle aches
 - Unexplained fatigue/malaise
 - Falling more than usual
 - Other _____
- If I do have any of the above symptoms, they are typical for me (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)