



Quesnel Gymnastics and Gymnastics BC Appendix 1: Daily Screening Checklist



Today's Date: _____ Activity Start Time: _____

Participant Name: _____ Telephone: _____

Activity/Group

YES NO **1. Do you have any of the symptoms below? Please place a checkmark in the appropriate box.**

- Fever (greater than 38.0C) and chills
- Coughing
- Shortness of breath
- Sneezing
- Sore throat and/or painful swallowing
- Stuffy and/or runny nose
- Fatigue related to illness
- Loss of appetite
- Shortness of breath
- Loss of sense of smell
- Headache
- Muscle aches related to illness

- 2. Have you, or has anyone in your household travelled outside of Canada in the last 14 days?**
- 3. Have you, or has anyone in your household been in contact in the last 14 days with someone who is being investigated or who has a confirmed case of COVID-19?**
- 4. Are you currently being investigated as a suspect case of COVID-19?**
- 5. Have you tested positive for COVID-19 within the last 10 days?**

** Note: fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors and club personnel must determine the difference between this and symptoms of illness.*

Signature _____ Date: _____
Participant

Signature _____ Date: _____
Parent/Guardian if participant under age 19