

COVID 19 – DAILY HEALTH CHECKLIST

This tool has been developed to support Coulee Creek Safety in reducing the risk of transmission of COVID-19 among attendees. The tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19

Attendees should fill out a checklist day of course and bring to course with them. If the attendee answers yes to any of the questions, they must not attend the course. As covid-19 pandemic continues to evolve, this screening tool will be updated as required.

Initial Screening Questions:

1.	Do you have any new onset (or worsening) of any of the following Symptoms:	Circle One	
		YES	NO
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath	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 (commonly known as pink eye)	YES	NO
2.	Have you travelled outside Canada in the last 14 days?	YES	NO
3.	Have you had close unprotected contact (face to face contact within 2meters/6feet) with someone who has travelled outside of Canada in the last 14 days and is ill?	YES	NO
4.	Have you had close unprotected contact (face to face contact within 2 meters/6 feet) in the last 14days with someone who is ill?	YES	NO
5.	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

I, _____ have completed Covid -19 screening checklist as per Coulee Creek Safety's protocol as a precaution of entering the course.

Signature

Date