

## COVID-19 Daily Health Monitoring Questionnaire & Attestation

A separate Daily Health Monitoring Questionnaire and Attestation must be completed by each athlete and by any parent or guardian attending with an athlete prior to each training session or event and prior to entering the training environment. Children and youth will need a parent to assist them in completing this screening tool.

HEALTH MONITORING QUESTIONNAIRE		
Name of Athlete or Parent/Guardian: _____		CIRCLE ONE
1. Does the activity participant have any of the following symptoms <b>relative to their normal personal baseline?</b>		
	Fever (38°C or higher)	YES NO
	Cough (new, worsening, continuous, or barking)	YES NO
	Shortness of Breath / Difficulty Breathing	YES NO
	Sore Throat	YES NO
	Chills	YES NO
	Painful or Difficulty Swallowing	YES NO
	Runny Nose / Nasal Congestion	YES NO
	Feeling unwell / Extreme Fatigue	YES NO
	Nausea	YES NO
	Vomiting / Diarrhea	YES NO
	Unexplained Loss of Appetite	YES NO
	Loss of Sense of Taste or Smell	YES NO
	Muscle / Joint Pain	YES NO
	Headache	YES NO
	Conjunctivitis (Pink Eye)	YES NO
<p>If you answered <b>“YES”</b> to <u>two or more of the symptoms</u>, <b>DO NOT</b> enter the training environment.            If you answered <b>“YES”</b> to any of <u>fever, diarrhea, OR vomiting</u>, <b>DO NOT</b> enter the training environment.            Go home immediately and use the <a href="#">BC COVID-19 Self-Assessment Tool</a> or contact Health Link at 8-1-1, or your primary care provider to determine if further assessment and/or COVID-19 testing is recommended.</p>		
2. Have you, or has anyone in your household, travelled outside of Canada in the last 14 days?		YES NO
3. Have you, or has anyone in your household, travelled in the last 14 days, to a location identified by the Provincial Health Office or Government of BC as currently experiencing a community COVID-19 outbreak?		YES NO
4. Have you, or has anyone in your household, within the last 14 days, had close contact, resided with, or cared for someone <b>without protection</b> who is ill with a cough and/or fever?		YES NO
5. Have you, or anyone in your household, within the last 14 days, had close contact, resided with, or cared for someone <b>without protection</b> who has or is suspected to have COVID-19?		YES NO
6. Have you been notified by a public health authority or healthcare provider that you, or anyone in your household, may have been exposed to COVID-19 and/or that you should self-isolate?		YES NO
7. Have you been diagnosed with a suspected or confirmed case of COVID-19 and are you still experiencing symptoms?		YES NO
8. Have you been diagnosed with a suspected or confirmed case of COVID-19 and has it been less than 14 days since the later of your diagnosis or the ending of your symptoms, if any?		YES NO

If you answered **“NO”** to questions 2-8, you may enter the training environment after completing the following **ATTESTATION:**



DAILY ATTESTATION

I, _____, agree that: (Name of Athlete/Participant)	<b>INITIALS</b>
while participating in any training session, event, or when attending the training facility, I will, to the best of my ability, follow the laws, recommended guidelines, and protocols issued by the Government of BC in respect of COVID-19, including practicing physical distancing;	
while participating in any training session, event, or when attending the training facility, I will follow the guidelines and protocols mandated by <<insert name of organization>> (the "Organization"), in respect of COVID-19;	
while participating in any training session, event, or when attending the training facility, in the event that I experience any symptoms of illness such as fever, cough, difficulty breathing, shortness of breath, or malaise, I will immediately: <ul style="list-style-type: none"> <li>• inform a representative of the Organization; and</li> <li>• depart from the event or facility;</li> </ul>	
if I have ever been diagnosed with a suspected or confirmed case of COVID-19, I will provide the Organization with written confirmation that I am noncontagious by a medical doctor before I participate in or attend any training session or event or enter the training environment; and	
my answers to the questions in the Health Monitoring Questionnaire are true.	

Print Name: \_\_\_\_\_  
(Name of Athlete/Participant)

Date of Birth: \_\_\_\_\_  
(dd/mm/yy)

Print Name: \_\_\_\_\_  
(Parent or Guardian if individual is a minor)

Signature: \_\_\_\_\_  
(Individual or Parent/Guardian if individual is a minor)

Date: \_\_\_\_\_  
(dd/mm/yy)