

Please acknowledge and ask to all attendees or training or facility entrants as this questionnaire is directly connected to daily tracking.

### COVID Clearance to Participate Checklist

Check if you can say NO to all the following criteria below.

\_\_\_\_ 1. "No" to the following COVID Symptoms:

- Fever
- Chills
- Cough
- Barking cough/croup
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose

\_\_\_\_ 2. "No" to having been in contact with or cared for someone with COVID-19 in the past 14 days.

\_\_\_\_ 3. "No" to having been on a trip outside of **Canada** in the past 14 days.

\_\_\_\_ 4. "No" to having stayed at home in the past two weeks due to being sick.

**IF it is a NO to all the above, you are free to participate in practice. If yes to any of the above, you need to isolate for 14 days before returning to train.**

### Non-Essential Self-Travel Report:

\_\_\_\_\_ I do declare I travelled outside of the province of Alberta in the last 7 days. Please self-report if you have been out of province in the past 7 days and indicate the details of the travel below:

1. Location of Travel: \_\_\_\_\_

2. Duration of Trip: \_\_\_\_\_

I declare that all the above information is correct and reported honestly:

Signed:

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

Date: \_\_\_\_\_