



COVID-19 Health Check Questionnaire - Daily Access

Name: _____ **Date:** _____

Please complete the following questions honestly and accurately by selecting "YES" or "NO".

QUESTIONS	YES	NO
Are you currently experiencing any symptoms of severe difficulty breathing (e.g., struggling for each breath, speaking in single words), severe chest pain, having a very hard time waking up, feeling confused or lost consciousness?		
Are you experiencing shortness of breath at rest, inability to lie down because of difficulty breathing, chronic health conditions that you are having difficulty managing because of your current respiratory illness?		
Do you have any of the following: fever, cough, sneezing, shortness of breath, difficulty breathing, sore throat, runny nose, nasal congestion, painful swallowing, muscle or joint pain, loss of sense of smell or taste, stuffy nose, feeling unwell, fatigue, severe exhaustion, conjunctivitis, chills, headache, nausea, vomiting, diarrhea or unexplained loss of appetite?		
Have you taken any temperature modifying medicine in the past twenty-four (24) hours?		
Have you come into contact with a person with confirmed or probable COVID-19 illness in the past fourteen (14) days?		
Have you come into contact with a person who travelled outside of Canada in the past fourteen (14) days who has become ill (cough, fever, sneezing, or sore throat)?		
Have you traveled outside of Canada within the past fourteen (14) days?		

- If you answer "Yes" to any of the questions above, you will not be allowed to access the gymnasium or facility until you have completed a period of self-isolation as required by Alberta Health Services. Please consult the Alberta Health Services website for current requirements. Once your self-isolation is completed you can contact J.R. Patrick for a credit towards another camp.
- If you answer "No" to all the questions above, you will be allowed to come to camp and participate with other participants.
- Participants who do not complete this form and sent in via email or who have forgot to bring it with them to the gym will be denied access to the gymnasium for that day of camp.
- I hereby acknowledge that the above information is to be true.

Camp Participant: _____ **Date:** _____

Witness Name: _____ **Date:** _____