

## Manitoba Canoe Kayak Centre COVID Screening Questionnaire

Active symptom screening for parents, children, participants and members must occur before participation in the programs daily. Staff must review the tool with parents and participants before program drop off or rentals are provided. Participation in programs or rentals will not be provided if the screening questionnaire isn't completed.

A. Do you have a new onset, or worsening, of any ONE of the following symptoms?	Circle One
Fever > 38°C or subjective fever/ chills	Yes No
Cough	Yes No
Sore throat/ hoarse voice	Yes No
Shortness of breath/ breathing difficulties	Yes No
Loss of taste or smell	Yes No
Vomiting or diarrhea for more than 24 hours	Yes No

If "yes" to any one of the above, DO NOT ENTER.

B. Do you have a new onset, or worsening, of any TWO of the following symptoms?	Circle One
Runny nose	Yes No
Muscle aches	Yes No
Fatigue	Yes No
Conjunctivitis (pink eye)	Yes No
Headache	Yes No
Skin rash of unknown cause	Yes No
Nausea or loss of appetite	Yes No
Poor feeding (if an infant)	Yes No

If "yes" to any two of the above, DO NOT ENTER

\*If you have only one symptom in section B and it has been less than 24 hours since it started, stay home and avoid contact with others. Re-evaluate after 24 hours and use the on-line COVID-19 Screening Tool. <https://sharedhealthmb.ca/covid19/screening-tool/>.

Symptom and exposure screening questions	Circle One
1. Have you, or a member of your household, been in close contact (within 2 metres / 6 feet for more than 10 minutes total over 24 hours) in the last 14 days with a confirmed COVID-19 case?	Yes No
2. Have you been exposed to COVID-19 in a work or public setting?	Yes No
3. Have you, or a member of your household, travelled outside of Manitoba in the past 14 days?	Yes No
4. Is a member of your household sick with COVID-19 symptoms, and waiting for COVID-19 test results?	Yes No
5. Are you, or a member of your household, waiting for COVID-19 testing results?	Yes No

If "yes" to any of the above, DO NOT ENTER.

If the checklist advises you Not to Enter: stay home, isolate and refer to the online COVID-19 Screening Tool at <https://sharedhealthmb.ca/covid19/screening-tool/> or call Health Links – Info Santé at 204-788-8200 or toll free at 1-888-315-9257 for further guidance.

Participant \_\_\_\_\_ Parent Signature (if below 18) \_\_\_\_\_

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_