

## Selkirk 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 \_\_\_\_\_