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# COVID-19 Alberta Health Checklist

## PLEASE COMPLETE AND SIGN THE CHECKLIST

Alberta Health Services has developed this **COVID-19 Alberta Health Daily Checklist** to assist activity organizers in reducing the risk of transmission of COVID-19 among attendees. AHS advise that our attendees (Bow Valley Line Dance Club members) are to fill out this checklist prior to participating in the intended activity.

1. Do you have any new onset (or worsening) of any of the following symptoms?	<b>CIRCLE ONE</b>	
· Fever	YES	NO
· Cough	YES	NO
· Shortness of Breath / Difficulty Breathing	YES	NO
· Sore throat	YES	NO
· Chills	YES	NO
· Painful swallowing	YES	NO
· Runny Nose / Nasal Congestion	YES	NO
· Feeling unwell / Fatigued	YES	NO
· Nausea / Vomiting / Diarrhea	YES	NO
· Unexplained loss of appetite	YES	NO
· Loss of sense of taste or smell	YES	NO
· Muscle/ Joint aches	YES	NO
· Headache	YES	NO
· Conjunctivitis (commonly known as pink eye)	YES	NO
2. Have you travelled outside of Canada in the last 14 days?	YES	NO
3. Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4. Have you had close unprotected* contact (face-to-face contact within 2 meters/6 feet in the last 14 days with someone who is ill**?	YES	NO
5. Have you or anyone in your household been in close unprotected* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

\* "unprotected" means close contact without appropriate personal protective equipment

\*\* "ill" means someone with COVID-19 symptoms on the list above.

**If you answer YES to any of the above questions, you WILL NOT be allowed to participate in this activity or program with the Bow Valley Line Dance Club.**

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Signature of Bow Valley Line Dance Club Member