

2021 – 2022 Aylmer Flames Covid Screening

Date: _____ Location: East Elgin Community Complex

Participant Name: _____

Parent/Guardian Name: _____ Signature: _____

Contact Phone #: _____

Are you currently experiencing any of these symptoms?

- Fever and/or chills
- Cough or barking cough (croup)
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Pink eye
- Runny or stuffy/congested nose
- Headache
- Digestive issues like nausea/vomiting, diarrhea
- Stomach pain
- Muscle aches/joint pain
- Extreme tiredness
- Falling down often
- Decrease or loss of taste or smell

Y N (none of the above)

Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? Y N

In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)? Y N

In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19? Y N

In the last 14 days, has anyone you live with:

- travelled outside of Canada **and** been told to quarantine (per the federal quarantine requirements)? Y N
- been identified as a "close contact" of someone who currently has COVID-19 **and** been told to self isolate by a doctor, healthcare provider, or public health unit? Y N

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? Y N