

Please acknowledge and ask to all attendees or training or facility entrants as this questionnaire is directly connected to daily tracking.

COVID Clearance to Participate Checklist

Check if you can say NO to all the following criteria below.

____ 1. "No" to the following COVID Symptoms:

- Fever
- Chills
- Cough
- Barking cough/croup
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose

____ 2. "No" to having been in contact with or cared for someone with COVID-19 in the past 14 days.

____ 3. "No" to having been on a trip outside of **Canada** in the past 14 days.

____ 4. "No" to having stayed at home in the past two weeks due to being sick.

If it is a NO to all the above, you are free to participate in practice. If yes to any of the above, you need to isolate for 14 days before returning to train.

Non-Essential Self-Travel Report:

_____ I do declare I travelled outside of the province of Alberta in the last 7 days. Please self-report if you have been out of province in the past 7 days and indicate the details of the travel below:

1. Location of Travel: _____
2. Duration of Trip: _____

I declare that all the above information is correct and reported honestly:

Signed:

_____ (print name)

_____ (signature)

Date: _____