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| **PRE-ACTIVITY SCREENING / ATTENDANCE (All Minor / Adult / Slo-Pitch) – Version 3** |
| * Designated volunteer(s) will ask every participant attending a sanctioned softball activity the following questions
* **If the participant answers ‘yes’ to any of the above questions they will not be allowed to take part in the team activities & will be asked to leave the area**
* A copy of this document must be submitted to Softball Alberta within 3 days of the activity. (Email – michele@softballalberta.ca)
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| **ASSOCIATION:** |  | **Team Name & Category:** |  |
| “Unprotected” means close contact without appropriate PPE , “Ill” means someone with COVID-19 symptoms on the list below |
|  **NAME***(Last & First)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. DOES THE ATTENDEE HAVE ANY NEW ONSET (OR WORSENING) OF ANY OF THE FOLLOWING SYMPTOMS: | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Fever / CoughShortness of Breath Difficulty BreathingSore throat | Chills / Painful swallowingRunny Nose / Nasal CongestionFeeling unwell / FatiguedNausea / Vomiting / Diarrhea | Unexplained loss of appetiteLoss of sense of taste or smellMuscle/ Joint achesHeadache / Conjunctivitis  |
| *\*Explained symptoms (ex. allergies causing runny nose/nasal congestion) should not exclude participants* |
| 2. Has the attendee travelled outside of Canada in the last 14 days? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| 3. Has the attendee had close contact\* with a confirmed case of COVID-19 in the last 14 days? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| 4. Has the attendee had close contact with a symptomatic\*\* close contact of a confirmed case of COVID-19 in the last 14 days? | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| \* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact.\*\* ‘Ill/symptomatic’ means someone with COVID-19 symptoms on the list above. |
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| Designated Volunteer: |       | Signature: |  |
| Date: |       | Location: |       |

[Sept 2, 2020]