|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 / Cough  Shortness of Breath  Difficulty Breathing  Sore throat | | Chills / Painful swallowing  Runny Nose / Nasal Congestion  Feeling unwell / Fatigued  Nausea / Vomiting / Diarrhea | | Unexplained loss of appetite  Loss of sense of taste or smell  Muscle/ Joint aches  Headache / 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designated Volunteer: | | |  | | | | Signature: | | | | | | | |  | | | | | | | | | | | | | | |
| Date: | | |  | | | | Location: | | | | | | | |  | | | | | | | | | | | | | | |

[Sept 2, 2020]