

# SCREENING CHECKLIST

## St. Albert Tokai Judo Society operating as St. Albert Judo Club

If an individual answers yes to any of the questions, they must not be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screening tool.

1.	Does the person attending the activity, have any of the below symptoms:	YES	NO
	Fever	<input type="checkbox"/>	<input type="checkbox"/>
	Cough	<input type="checkbox"/>	<input type="checkbox"/>
	Shortness of Breath / Difficulty Breathing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sore throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Chills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Painful swallowing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Runny Nose / Nasal Congestion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Feeling unwell / Fatigued	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Nausea / Vomiting / Diarrhea	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Unexplained loss of appetite	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Loss of sense of taste or smell	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Muscle/ Joint aches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you or anyone in your household travelled outside of Canada in the last 14 days?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered "yes" to any of the above questions do not participate. Go home and use the AHS Online Assessment Tool to determine if testing is recommended

Neither I nor my child have been taking part in another sport group within the past 14 days.

I acknowledge and understand the risks related to taking part in the sport of Judo in a pandemic environment. I agree to voluntarily assume all risks related to exposure to COVID-19 and agree not to hold St. Albert Tokai Judo Society operating as St. Albert Judo Club or any of its officers, directors, coaches, instructors or volunteers liable for any illness or injury. I agree that this is in addition to the Club Release and Indemnity form.

This form was completed for \_\_\_\_\_ by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

**PRINT COMPLETED FORM AND BRING IT TO THE DOJO**