



SCREENING CHECKLIST

If an individual answer **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.

Swimmer Name: _____

Date: _____

Does the person attending the activity, have any of the below symptoms?	Circle One	
1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?	YES	NO
2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?	YES	NO
3. Do you have a new onset of any of the following symptoms? (fever / chills; cough; sore throat / hoarse voice; shortness of breath; loss of taste or smell; vomiting or diarrhea for more than 24 hours)	YES	NO
4. Do you have a new onset of 2 or more of any of the following symptoms? (runny nose; muscle aches; fatigue; conjunctivitis (pink eye); headache; skin rash of unknown cause; nausea or loss of appetite; if the patient is an infant, poor feeding)	YES	NO
A.1 Have you been in close contact in the last 14 days with someone that is confirmed to have COVID-19?	YES	NO
A.2 Have you had laboratory exposure while working directly with specimens known to contain COVID-19?	YES	NO
A.3 Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace or community with a cluster of cases, or at an event?	YES	NO
A.4 Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?	YES	NO
A.5 Have you travelled outside of Canada, or within Canada excluding travel to western Canada the territories or Ontario west of Terrace Bay in the last 14 days?	YES	NO
A.6A In the last 14 days has anyone living in your household travelled outside of Canada, or within Canada excluding travel to western Canada, the territories or Ontario west of Terrace Bay?	YES	NO

If you have answered “**yes**” to any of the above questions **do not** participate. Go home and use the [Manitoba COVID-19 Screening Tool](#) to determine if testing is recommended.

Clubs are encouraged to develop an electronic form (ex. Google Form, Survey Monkey, etc.) to facilitate the non-contact rule that every swimmer must complete before every training session before they leave home.