

South Niagara Canoe Club

Covid-19 Screening Health Check

Please fill in prior to your first practice and bring completed hard copy to practice. If you forget, copies will be supplied by coaches.

At subsequent practices you will be asked if anything has changed since you submitted your covid-19 screening health check list. This check list will be posted at the club for reference.

NAME	
DATE	TIME

1) Do you or anyone in your immediate household have a fever, new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing?

___ NO ___ YES

2) Have you or anyone in your immediate household had a close contact with anyone with acute respiratory illness or been outside of Canada in the past 14 days (this includes for work)?

___ NO ___ YES

3) Do you or anyone in your immediate household have a confirmed case of Covid-19 or come into close contact with a person with a confirmed case of Covid-19 (this includes for work)?

___ NO ___ YES

4) Do you or anyone in your immediate household have any of the following symptoms (2 or more indicates a yes)

___ NO ___ YES

Sore throat	NO	YES
Hoarse voice	NO	YES
Difficulty swallowing	NO	YES
Decreased sense of smell	NO	YES
Chills	NO	YES
Headache	NO	YES
Unexplained fatigue	NO	YES
Diarrhea	NO	YES
Abdominal pain	NO	YES
Nausea/vomiting	NO	YES
Pink eye	NO	YES
Unexplained runny nose/sneezing	NO	YES
Unexplained nasal congestion	NO	YES

Response to all the questions is NO. Covid-19 Screen NEGATIVE_____

Response to any of 1, 2, 3, or 4 is YES. Covid-19 Screen POSITIVE_____

If screen is positive, paddler should be directed to contact primary care physician or Niagara Region Public Health.