

Year **2020**

Zone \_\_\_\_\_

Sport \_\_\_\_\_

Date \_\_\_\_\_



# SCREENING CHECKLIST - WELLNESS QUESTIONNAIRE

*Instructions to Event Organizer(s): This form is to be completed by each participant who would like to participate in any event hosted and/or sponsored by each Zone. An Event hosted by the Zone may include sport participation programs/clinics (previously referred to as 'Give it a Try' or 'Step up Your Game' programs), zone play downs, in-person meetings, inter-zone activities and practice activities where the Zone paid for the facility rental. Event Organizer(s) must also maintain a record of all participants (Zone Event Attendance Tracking form) for contact tracing purposes. All participants must be members in good standing with BC Seniors Games Society in order to participate in any event. Please keep all forms on file for three months.*

As per the Participant Agreement, all participants agree to symptom screening checks, if an individual answers **yes** to any of the question, they **must not** be allowed to participate in the event. (As adapted from the BC COVID-19 Self-Assessment Tool found at <https://bc.thrive.health/covid19/en>)

1.	Does the person attending the event, have any of the below symptoms:	CIRCLE ONE	
	• Fever	YES	NO
	• Chills	YES	NO
	• Cough	YES	NO
	• Shortness of breath / mild to moderate shortness of breath	YES	NO
	• Sore throat / painful swallowing	YES	NO
	• Stuffy or runny nose	YES	NO
	• Loss of sense of smell	YES	NO
	• Headache	YES	NO
	• Muscle aches	YES	NO
	• Fatigue	YES	NO
	• Loss of appetite	YES	NO
	• Severe chest pain	YES	NO
	• Having a very hard time waking up	YES	NO
	• Feeling confused	YES	NO
	• Losing consciousness	YES	NO
2.	Have you or anyone in your household, travelled outside of Canada (including the United States) within the last 14 days?	YES	NO
3.	Did you provide care or have close contact with a person with confirmed COVID-19? Note: means you would have been contacted by your health authority's public health team.	YES	NO

Participant name (*printed*): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Information (phone and/or email): \_\_\_\_\_

Type of Event: \_\_\_\_\_ City/venue of Event: \_\_\_\_\_

Event Coordinator(s) name(s) (*printed*): \_\_\_\_\_