

COVID-19 ALBERTA HEALTH DAILY CHECKLIST

Please print form, complete, and bring with you to course

Participant Name: _____ Date: _____

Overview

This tool was developed to support Albertans in protecting others and reducing the risk of transmission of COVID-19. Adults 18 years and older can complete this checklist every day to self-monitor for symptoms or exposures to someone who has COVID-19.

Screening Questions for Adults 18 Years and Older:

1.	Does the attendee have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
	• Fever*		
	• Cough*		
	• Shortness of breath / difficulty breathing*		
	• Runny nose*		
	• Sore throat*		
	• Chills		
	• Painful swallowing		
	• Nasal congestion		
	• Feeling unwell / fatigued		
	• Nausea / vomiting / diarrhea		
	• Unexplained loss of appetite		
	• Loss of sense of taste or smell		
	• Muscle/ joint aches		
	• Headache		
2.	Has the attendee travelled outside Canada in the last 14 days? (Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Border Testing Pilot Program.)	YES	NO
3.	Has the attendee had close contact ¹ with a case of COVID-19 in the last 14 days? Note: Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact	YES	NO

If you answered "YES" to any of question 3:

- Stay home.
- Use the [AHS Online Assessment Tool](#) or call Health Link 811 to arrange for testing and to receive additional information on isolation.
- Individuals with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell are required to isolate for 10 days as per [CMOH Order 35-2021](#) OR receive a negative COVID-19 test and feel better before returning to activities, as long as they have no known exposure.

If you answered "NO":

- You may attend work, school, and/or other activities.

Signature: _____