

KEY CITY GYMNASTICS DAILY SCREENING CHECKLIST

This checklist may be updated as the situation progresses over the next weeks and months.

Today's Date	
Activity Start Time	
Participant Name	
Activity/Group	

Do you or anyone in your household have any of the symptoms below?

Please indicate with a yes or no.

SYMPTOM	YES or NO
Fever (greater than 38.0) and/or chills	
Coughing	
Sneezing	
Sore throat and/or painful swallowing	
Stuffy and/or runny nose	
Fatigue related to illness*	
Loss of appetite	
Shortness of breath	
Loss of sense of smell	
Headache	
Nausea or diarrhea	
Muscle aches related to illness*	

ANSWER YES OR NO TO THE FOLLOWING QUESTIONS	YES or NO
Have you, or has anyone in your household travelled outside of Canada in the last 14 days?	
Have you, or anyone in your household travelled for non-essential reasons in the last 14 days?	
Have you or has anyone in your household been in contact in the last 14 days with someone who is being investigated or has a confirmed case of COVID-19? **	
Are you currently being investigated as a suspect case of COVID-19?	
Have you tested positive for COVID-19 within the last 10 days?	

* Note: Fatigue and muscle aches may be expected as athletes return to sport. All participants, parents/guardians of minors, and club personnel must determine the difference between this and symptoms of illness.

**Note: If you have answered yes to this question, further information may be required. Please refer to the 2020/08/07 amendment to the *Key City Gymnastics Club-COVID-19 Safety Plan* on Page #8: *SCREENING*, under Bullet #1 - *Daily Screening Checklist*. This is available on the [Key City Gymnastics Club website/Covid-19 Information and Forms](#)