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## Covid-19 Symptoms Checklist for Staff + Program Participants

1. Are you experiencing any of the following symptoms:

- |                       |     |    |
|-----------------------|-----|----|
| - Fever               | YES | NO |
| - Cough               | YES | NO |
| - Runny Nose          | YES | NO |
| - Sore Throat         | YES | NO |
| - Shortness of Breath | YES | NO |

2. Has anyone in your household experienced any of the above symptoms in the last 14 days?

YES NO

3. Have you, or anyone in your household, travelled outside of Canada in the last 14 days?

YES NO

4. Have you, or anyone in your household, been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19?

YES NO

5. Are you currently being investigated as a suspect case of Covid-19?

YES NO

6. Have you tested positive for Covid-19 within the last 10 days?

YES NO

If an individual answers YES to any of the questions above, they are not permitted to participate in any YFC Program for a minimum of 14 days, UNLESS a negative Covid-19 test result is received after answering YES to the above.

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