

**SWZ COVID Screening Form
Evaluations for 2020/2021 Season**

Please review the following signs and symptoms of COVID-19 and answer the following questions:

<p>In the past 24 hours, have you had ANY of the following:</p> <ul style="list-style-type: none">• chills• sore throat or painful swallowing• runny nose or congestion• feeling unwell or fatigued• nausea or vomiting or diarrhea• unexplained loss of appetite• muscle or joint aches• headache• conjunctivitis (pink eye)	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Have you been legally required to isolate as mandated by Alberta Health Services?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

If you have answered yes to any of the above questions, you are not eligible to participate in the evaluation today. We encourage you to contact 811 to determine if you need to be screened for COVID-19. Please contact your division director and inform them that you were not eligible to participate in your evaluation.