



Town of Bentley

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COVID-19 INFORMATION

Screening Questionnaire COVID-19 ALBERTA HEALTH DAILY CHECKLIST Bentley Arena

Participants, Users, Parents/Guardians must use this questionnaire daily to determine if they should be entering the Facility. Parent/Guardians must complete for any participant under 18 years of age.

This tool is meant to be used to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who is ill or has a confirmed case of COVID-19.

Attendees should fill out this checklist prior to entering the facility. **If an individual answers yes to any of the questions, THEY MUST NOT ATTEND THE FACILITY, and should follow AHS protocol for testing and isolation related to COVID-19 <https://www.alberta.ca/covid19>.** Children and youth will need a parent to assist them to complete this screening tool. It is up to the Coaches of each team to ensure that all participants have completed this questionnaire each day they use the facility, prior to being allowed to participate.

Participant Information:

Salutation: Mr. Mrs. Other

First Name

Last Name:

Organization/Team

Parent/Guardian Contact Information (if required):

Salutation: Mr. Mrs. Other

First Name:

Last Name:

Screening Questions:

1.	Does the attendee have any new onset (or worsening) of any of the following?	CHECK IF APPLIES
	• Fever	<input type="checkbox"/>
	• Cough	<input type="checkbox"/>
	• Shortness of Breath/Difficulty Breathing	<input type="checkbox"/>
	• Sore Throat	<input type="checkbox"/>
	• Chills	<input type="checkbox"/>
	• Painful Swallowing	<input type="checkbox"/>
	• Runny Nose / Nasal Congestion	<input type="checkbox"/>
	• Feeling Unwell / Fatigued	<input type="checkbox"/>
	• Nausea / Vomiting / Diarrhea	<input type="checkbox"/>
	• Unexplained Loss of Appetite	<input type="checkbox"/>
	• Loss of Sense of Taste or Smell	<input type="checkbox"/>
	• Muscle / Joint Aches	<input type="checkbox"/>
	• Headache	<input type="checkbox"/>
	• Conjunctivitis (Pink Eye)	<input type="checkbox"/>

		YES	NO
2.	If you are not fully vaccinated**, have you travelled outside of Canada or recently returned to Canada in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3.	In the past 14 days, have you been directed by Alberta Health Services (AHS) to quarantine due to a close contact** with a confirmed case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4.	If you are not fully vaccinated**, are you a household contact* of someone who has COVID-19 symptoms or tested positive for COVID-19 in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

* Face to face contact within 2 metres and living in the same home. A health care worker in an occupational setting wearing the recommended personal protective equipment is not considered to be close contact

** A person is considered fully vaccinated after 14 days have passed since they received the second dose in a two dose COVID-19 vaccine series.

Please note a copy of this form will be held on file by the Town Office for 14 days and subsequently will be destroyed. In the event that a positive case of COVID-19 occurs within the facility, this information will assist AHS and the Town of Bentley to identify any individuals that may have been exposed. Also, by ticking the box below, you are providing consent for the Town of Bentley to temporarily store your personal information related to this form.

Digital Signature and Acknowledgement

By ticking this box, I acknowledge that I have read and understand the contents of this form and that if I have answered yes to any of the above questions, I will not enter the facility. I understand my obligations to help prevent the spread of COVID-19 and swear that I have been truthful in my response to this questionnaire.

Signature and Acknowledgement