

# COVID-19 Screening Tool and Attestation

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Site:  Fusion  Hybrid LIT  LIT Session 1  LIT Session 2  Muskoka Family Getaways

Camper 1: \_\_\_\_\_ Camper 2: \_\_\_\_\_

Camper 3: \_\_\_\_\_ Camper 4: \_\_\_\_\_

Camper 5: \_\_\_\_\_ Camper 6: \_\_\_\_\_

After completing the following, parent/guardian signature: \_\_\_\_\_

**1. In the last 14 days, has the camper travelled outside of Canada?**  Yes  No  
*If exempt from federal quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select "No".*

**2. Has a doctor, health care provider, or public health unit told you that the camper should currently be isolating (staying at home)?**  Yes  No  
*This can be because of an outbreak or contact tracing.*

**3. In the last 14 days, has the camper been identified as a "close contact" of someone who currently has COVID-19?**  Yes  No

**4. In the last 14 days, has the camper received a COVID Alert exposure notification on their cell phone?**  Yes  No  
*If you already went for a test and got a negative result, select "No".*

**5. Is the camper currently experiencing any of these symptoms?**  Yes  No  
*Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.*

**Fever and/or Chills**  Yes  No  
Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

**Cough or Barking Cough (Croup)**  Yes  No  
Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions they already have)

**Shortness of Breath**  Yes  No  
Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions they already have)

**Decrease of Loss of Taste or Smell**  Yes  No  
Not related to seasonal allergies, neurological disorders, or other known causes or conditions they already have

**Sore Throat or Difficulty Swallowing**  Yes  No  
Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions they already have)

**Runny or Stuffy/Congested Nose**  Yes  No  
Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions they already have

**Headache**  Yes  No  
Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions they already have)  
**If the camper received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No".**

**Nausea, Vomiting and/or Diarrhea**  Yes  No  
Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions they already have

**Extreme Tiredness or Muscle Aches**  Yes  No  
Unusual, fatigue, lack of energy, poor feeding in infants (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions they already have)  
**If the camper received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue and/or mild muscle aches/ joint pain that only began after vaccination, select "No"**

**6. Is someone that the camper lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**  Yes  No  
*If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".*

**If you answered "YES" to any of the above questions the camper WILL NOT be allowed onto the camp property.**

**7. Has the camper made a reasonable effort to limit their exposure in the 14 days prior to their arrival at camp?**  Yes  No

For Administrative Use Only:

PCO Staff Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

