**‘COMPLETE’ LIST OF PARTICIPANTS**

**Organizer’s Name: Organizer’s Signature**

**Activity: Date: Time of Rental:**

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**COVID PARTICIPANT ASSESMENT**

*All participants must be screened prior to participating in any activity at this facility. Anyone that fails the Participant Assessment should not be permitted access.*

**Please honestly ask yourself the following questions:**

* **I am fully vaccinated against COVID-19** (it has been 14 days or more since my final dose of either a two-dose or a one-dose vaccine series) (for individuals 12+ age)
* **I have tested positive for COVID-19** in the last 90 days (and since been cleared)

**If you answered YES to these questions, ask yourself:**

***Are you currently experiencing any of these symptoms? Choose any/all that apply.***

* **Fever and/or chills**
	+ Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
* **Cough or barking cough (croup)**
	+ Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)
* **Shortness of breath**
	+ Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)
* **Decrease or loss of taste or smell**
	+ Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
* **Muscle aches/joint pain**
	+ Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)
* **Extreme tiredness**
	+ Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)

**If you answered NO to these questions, ask yourself:**

* In the last 14 days, have you travelled outside of Canada and been told to quarantine (per the federal quarantine requirements)?
* Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
* In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?

*If you answered NO to these questions, you may enter the facility. If you answered YES to these questions or if you have any symptoms related to Covid-19, you should not be permitted access to the Facility and must contact KFL&A for further direction.*

For more information on the guidelines around Covid-19 prevention, I encourage you to view KFL&A’s webpage at: https://www.kflaph.ca/en/healthy-living/novel-coronavirus.aspx