

Ritchot Summer Camps COVID19 Screening Tool

The following screening tool is a new resource designed to protect the staff, participants, and the family of the participants of the Ritchot Summer Day Camp Program. Please answer the following questions fully and honestly. In addition to the screening tool, the additional health measure of contactless temperature reading will be conducted on all participants prior to allowing access to the camp program. If in the case of a potential health risk (eg: Confirmation of one or more symptoms, participant displays visible symptoms, or a fever) registrants will not be allowed to participate, and will be refunded in full. By signing this document, you agree that you have answered all questions honestly, and consent to the temperature of the participant being taken. Please read the following document carefully. **(Note: These screening questions include any individual dropping off a participant, even if not a legal guardian)**

1. Has the participant or immediate household displayed any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?
Yes No

2. Has the participant or immediate household displayed shortness of breath at rest or difficulty breathing when lying down?
Yes No

3. Has the participant or immediate household displayed any of the following symptoms: fever, cough, sore throat, shortness of breath.
Yes No

4. Has the participant or immediate household displayed a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, loss of taste or smell, headache, hoarse voice or nausea, vomiting or diarrhea for more than 24 hours?
Yes No

5. Has the participant or immediate household been in contact in the last 14 days with someone that is confirmed to have COVID-19?
Yes No

6. Has the participant or immediate had laboratory exposure while working directly with specimens known to contain COVID-19?
Yes No

7. Has the participant or immediate household been in a setting in the last 14 days that has been identified as a risk for acquiring COVID-19, such as on a flight, at a workplace or an event?
Yes No

8. Has the participant or immediate household travelled outside of Manitoba in the last 14 days, excluding personal travel to border communities?
Yes No

Name of Parent/ Guardian (Please Print): _____

Name of Youth Participant (Please Print): _____

Signature of Parent/ Guardian: _____

Date of signature: _____/_____/__2020__