Pilates EQ COVID-19 Screening Checklist

Participants Name:_____

As required by AHS regulations, Pilates EQ is required to ask these questions at each visit. **If you answer YES to any of the questions, PLEASE do not to come to the studio and reschedule your visit.**

1. **Do you have any new onset (or worsening) of any of the following symptoms?**

• Fever* • Cough* • Shortness of breath / difficulty breathing* • Runny nose* • Sore throat*	• Chills • Painful swallowing • Nasal congestion • Feeling unwell / fatigued • Nausea / vomiting / diarrhea • Unexplained loss of appetite • Loss of sense of taste or smell • Muscle/ joint aches -new or worsening of chronic situation • Headache • Conjunctivitis (commonly known as pink eye)

*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are **required to isolate for 10 days** per CMOH Order 05-2020 OR receive a negative COVID-19 test and feel better before returning to activities. Use the AHS Online Assessment Tool to determine if testing is recommended and follow information on isolation requirements.

2. **HAVE you travelled outside Canada in the last 14 days?** (Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada)
3. **HAVE you had close contact (1) with a case of COVID-19 in the last 14 days?** (1) Face-to-face contact within 2 metres for 15 min or longer, or direct physical contact such as hugging. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

By signing below, I confirm that I can answer NO to all of the above questions on the day of my visit noted. If I am unable to answer NO, I understand that I will not be allowed to attend a class or session.

Date of Visit	Signature