

SELF-ASSESSMENT SCREENING CHECKLIST

Parents/guardians/youth must use this questionnaire **before** participating in any Scouting activity to decide whether the youth should attend.

Risk Assessment: Initial Self-Assessment Screening Questions

1.	Are you experiencing symptoms* of COVID-19?	YES	NO
2.	In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements? If you are fully vaccinated or have received a negative lab-based PCR test, select "No".	YES	NO
3.	Have you or any household members had unshielded** contact with someone who is ill with a cough and/or fever?	YES	NO
4.	Have you or anyone in your household had unshielded contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

*It is understood that some allergies or pre-existing conditions may express similar symptoms to COVID-19. If in doubt consult a medical professional. Please discuss participation with your Section Contact Scouter or Group Commissioner before attending Scouting. If in doubt don't Scout.

** "Unshielded" means close contact (with two metres) without the use of appropriate personal protective equipment (PPE).

If you have answered **"YES"** to any of the above questions, please **DO NOT** attend the Scouting activity at this time. You should stay home and determine whether you need to be tested for COVID-19.

If you have answered **"NO"** to all the above questions, you may participate in the Scouting activity.