

# 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?	<b>YES</b>	<b>NO</b>
2.	Have you, or anyone in your household, returned from travel outside of Canada within the last 14 days?	<b>YES</b>	<b>NO</b>
3.	Have you or any household members had unshielded** contact with someone who is ill with a cough and/or fever?	<b>YES</b>	<b>NO</b>
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?	<b>YES</b>	<b>NO</b>

\*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.