## 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.   | Did you have close contact ** with a person with confirmed COVID-19 within the last 10 days (or as prescribed by your province or health authority)?   | 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.

\*\* A close contact is defined as being near a person with COVID-19 for at least 15 minutes when health and safety measures were not in place or were insufficient. Health and safety measures include things such as physical barriers or physical distancing of at least 2 metres. Note: This means you would have been contacted by your health authority's public health team.

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.

