

DURHAM SYNCHRO CLUB, INC.

Daily Self-Assessment Attestation V1

Temperature: _____

Screener Initials: _____

To be completed by designated screener

INSTRUCTIONS: All swimmers and coaches (or their parents/guardians if under 18 years) must complete this self-assessment checklist BEFORE EACH PRACTICE and submit upon arrival to be granted entry to the training facility.

1. In the last 14 days, have you:

	YES	NO
Had CLOSE CONTACT with: <ul style="list-style-type: none"> Someone with COVID-19-like symptoms? Someone with a confirmed or suspected case of COVID-19? Someone who has returned from TRAVEL outside of Canada and has developed SYMPTOMS or feels unwell? 	<input type="checkbox"/>	<input type="checkbox"/>
Returned from TRAVEL from outside of Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Developed SYMPTOMS or felt unwell?	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you have any of the following common COVID-19 symptoms that are new or worsening, without underlying cause: (check all that apply)

- ☐ Fever (higher than 37.8 degrees Celsius) or chills
- ☐ Runny nose or nasal congestion
- ☐ New or worsening cough
- ☐ Difficulty breathing
- ☐ Sore throat or trouble swallowing
- ☐ Nausea, vomiting, or diarrhea
- ☐ Loss of smell or taste
- ☐ Muscle or joint aches
- ☐ Headache
- ☐ Conjunctivitis (commonly known as pink eye)

If you checked YES to any of the questions above, you must:

- STAY HOME and self-isolate
- **Report your absence and inform the COVID-19 Response Coordinator: Shawn Turpin (905) 767-8774**, that your absence is possibly COVID-19 related. She will complete the OAS Illness Tracker and advise on next steps
- Call a local Assessment Centre to get tested for COVID-19 and follow the direction of Public Health Ontario

SWIMMER NAME:		TEAM:
PARENT OR GUARDIAN NAME: (printed)		
PARENT OR GUARDIAN NAME: (signature)		
DATE:		

