



Navy League of Canada – Alberta Division COVID-19 Checklist



Name:	
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Date:	
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Question		Yes	No
1. Did you travel outside of Canada in the past 14 days?			
2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?			
3. Do you have any of the following symptoms?			
a.	Fever		
b.	New onset of cough		
c.	Worsening chronic cough		
d.	Shortness of breath		
e.	Difficulty breathing		
f.	Sore throat		
g.	Difficulty swallowing		
h.	Decrease of loss of sense of taste or smell		
i.	Chills		
j.	Headaches		
k.	Unexplained fatigue/malaise/muscle aches (myalgias)		
l.	Nausea/vomiting, diarrhea, abdominal pain		
m.	Pink eye (conjunctivitis)		
n.	Runny nose or nasal congestion without other known cause		