



COVID-19 Screening Poster

Screen yourself for COVID-19 using this poster. Please do not enter if you answer YES to any of the questions.

Updated March 21, 2022

1. A) Do you or anyone in your household have 1 or more of these new or worsening symptoms today or in the last 5 or 10 days*?



Fever > 37.8°C and/or chills



Cough



Difficulty breathing



Decrease or loss of taste/smell

B) Do you or anyone in your household have 2 or more of these new or worsening symptoms today or in the last 5 or 10 days*?



Sore throat



Headache



Feeling very tired



Runny nose/
nasal congestion



Muscle aches/
joint pain



Nausea, vomiting
or diarrhea

- If the symptom is from a known health condition that gives you/them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".
- If there is mild tiredness, sore muscles or joints within 48 hours after a COVID-19 vaccine, select "No".
- Anyone who is sick or has any symptoms of illness, should stay home and seek assessment from their health care provider if needed.



If "YES": Stay home & self-isolate.



Your household must self-isolate*

If you have one symptom from Part B stay home until symptoms improve for at least 24 hours or 48 hours if nausea/vomiting/diarrhea.

2. Have you or anyone in the household had a positive COVID-19 test in the last 5 or 10 days*, or been told to stay home and self-isolate?

Yes

No

- If you had a positive test or live with someone who is isolating or awaiting test results select "Yes"



If "YES": Stay home & self-isolate.*

3. In the last 14 days, have you travelled outside of Canada?

Yes

No



If "YES": Follow federal quarantine [travel rules](#) including required measures for quarantine exempt travellers.

This tool is consistent with provincial guidance: [Coronavirus \(COVID-19\) self-assessment \(ontario.ca\)](#)

*You or household members do not need to self-isolate if no symptoms and not had a positive test and either: had a confirmed COVID-19 infection within 90 days***; OR are 18 + and boosted****; OR are 17 years or younger and fully vaccinated**.



*Use 5 days: If the person is fully vaccinated or 11 years or younger. Use 10 days: If they are 12 years or older and not fully vaccinated; or immune compromised; or at a high risk congregate setting

**Fully vaccinated means 14 days or more after a second dose of a COVID-19 vaccine series, or as defined by the Ontario Ministry of Health.

***Confirmed COVID-19 infection within 90 days means: if tested positive within 90 days on a Rapid Antigen, or a PCR test AND completed self-isolation. Then, do not need to self-isolate if someone in the home has symptoms.

****Boosted means received a booster dose 3 months or more after a primary vaccine series.

DAILY COVID-19 ATTESTATION AND AGREEMENT

G.A.B – GIRLS ADDICTED TO BASKETBALL (the “Organization”)

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant:

1. Does not knowingly have COVID-19;
2. Is not experiencing any known symptoms of COVID-19, as indicated on the COVID-19 Screening Poster
3. Has not travelled internationally during the past 14 days;
4. Has not frequented a COVID-19 high risk area in the Province during the last 14 days;
5. Has not, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is self-quarantining after returning to Canada; and
6. Has been following government recommended guidelines in respect of COVID-19, including practicing physical distancing.

Furthermore, by signing below, the Participant or the Participant’s Guardian agrees that while attending or participating in the Organization’s events or attending at the Organization’s facilities, the Participant:

1. Will follow the laws, recommended guidelines, and protocols issued by the Government of the Province in respect of COVID-19, and will do so to the best of the Participant’s ability while participating in the Organization’s events or attending at the Organization’s facilities;
2. Will follow the guidelines and protocols mandated by the Organization in respect of COVID-19;
3. Will, in the event that the Participant experiences any symptoms of illness such as a fever, cough, difficulty breathing, shortness of breath or any other symptom described in the Screening Poster, immediately:
 - a. inform a representative of the Organization; and
 - b. depart from the event or facility.

FOR PARTICIPANTS WHO HAVE BEEN DIAGNOSED WITH COVID-19

By signing below, the Participant (named below) or the Participant’s Guardian attests that the Participant has been diagnosed with COVID-19 but has been cleared as noncontagious by provincial or local public health authorities.

Print Name: _____
the “Participant”

Print Name: _____
The “Guardian” (if Participant is a minor)

Signature: _____
Participant or Guardian for minor

Date: _____
(mm/dd/yyyy)