

## CVAC COVID -19 Passive Screening Questions



- 1) Do you have any of the following symptoms?
  1. Fever/Feverish
  2. A new cough or worsening chronic cough
  3. sore throat
  4. headache
  5. runny nose
  6. new onset of fatigue
  7. diarrhea
  8. loss of taste or smell
  9. in children, purple markings on fingers or toes

***If answered YES, athlete cannot enter the pool***

- 2) Have you had close contact within the last 14 days with a confirmed case of COVID-19?

***If answered YES, athlete cannot enter the pool***

- 3) Have you been diagnosed with COVID-19?

***If answered YES, athlete cannot enter the pool***

- 4) Have you returned from travel outside of New Brunswick within the last 14 days?

***If answered YES, athlete cannot enter the pool***

- 5) Have you been told by public health that you may have been exposed to COVID-19?

***If answered YES, athlete cannot enter the pool***