



**Shuswap Minor Lacrosse Association**

PO Box 1106  
Salmon Arm, BC  
V1E 4P2



**Pride**

**Integrity**

**Respect**

**Appendix E – Self Assessment Tool**

**BC COVID-19 Self-Assessment Tool for Shuswap Minor Lacrosse**

The BC COVID-19 Self-Assessment will be completed verbally each day. The answer to all questions must be “No” in order to participate in the training. If the participant says “Yes” to any of these questions, they are not permitted to enter the facility or participate in the training.

**Do you have any of the following symptoms?**

- |  |     |    |
|--|-----|----|
| <input type="checkbox"/> Fever or chills                           | Yes | No |
| <input type="checkbox"/> Cough                                     | Yes | No |
| <input type="checkbox"/> Difficulty breathing, shortness of breath | Yes | No |
| <input type="checkbox"/> Sore throat                               | Yes | No |
| <input type="checkbox"/> Loss of sense of taste or smell           | Yes | No |
| <input type="checkbox"/> Headache                                  | Yes | No |
| <input type="checkbox"/> Extreme fatigue or tiredness              | Yes | No |
| <input type="checkbox"/> Diarrhea or abdominal pain                | Yes | No |
| <input type="checkbox"/> Nausea or vomiting                        | Yes | No |
| <input type="checkbox"/> Body aches                                | Yes | No |

- Have you or someone in your household travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?  
Yes      No
- Have you had close contact in the past 14 days with anyone who is ill or who has a confirmed case of COVID-19?  
Yes      No