



PRECISION MARTIAL ARTS ACADEMY

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Fitness • Lifestyle • Self-defense • Sport



AHS/PMAA COVID-19 DAILY HEALTH CHECKLIST

Parents/Students must fill out this checklist prior to attending classes. On the first day of class, students must bring this form to Master Sadler filled out and signed. After the first class, parents/students will be asked to review the screening questions online (www.pmaa.ca) prior to coming to each class. This screening form is to confirm that students are not exhibiting any symptoms of illness and that they have not been in contact with anyone showing symptoms.

If a parent/student answers YES to any of the questions, they must NOT come to PMAA! Children and youth will need a parent to assist them to complete this screening tool. As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

SCREENING QUESTIONS

1. Does the parent/student have any new onset (or worsening) of any of the following symptoms:

Circle One

Fever	YES	NO
Cough	YES	NO
Shortness of Breath / Difficulty Breathing	YES	NO
Sore Throat	YES	NO
Chills	YES	NO
Painful Swallowing	YES	NO
Runny Nose/Nasal Congestion	YES	NO
Feeling Unwell/Fatigued	YES	NO
Nausea/Vomiting/Diarrhea	YES	NO
Unexplained loss of Appetite	YES	NO
Loss of Sense of Taste or Smell	YES	NO
Muscle/Joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

2. Has the parent/student travelled internationally in the last 14 days?

YES NO

3. Has the parent/student had contact with a confirmed or presumptive case of COVID-19 in the last 14 days?

YES NO

4. Has the parent/student had contact with someone with cold or flu symptoms?

YES NO

Please Note: This AHS/PMAA Daily Health Checklist must be filled out, signed and returned to Master Sadler prior to the student's first class. For subsequent classes thereafter, these questions must be answered honestly by parents/students prior to attending class. If any question is answered as YES, the parent/student may not attend class. Please refer to AHS resources and recommendations for further steps to take.

Dated this ____ day of _____, 2020, in Edmonton / St. Albert, Alberta, Canada.

(Day)

(Month)

(Circle one)

Student Name: _____

Parent/Guardian Name: _____

Signature: _____

(Parent to sign if Student/Attendee is under the age of 18 years)

