

COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR ADULTS 18 YEARS AND OLDER)

Overview

This tool's purpose is to support Albertans in protecting others and reducing the risk of transmission of COVID-19. Adults 18 years and older can complete this checklist every day to self-monitor for symptoms of COVID-19.

If you have traveled outside Canada in the last 14 days, follow the [Government of Canada Travel, Testing, Quarantine and Borders](#) instructions, including any requirements for exempt travelers related to attending high-risk environments.

If within the last 10 days, you have been notified by Public Health that you are a case¹ of COVID-19, you are required to isolate as per Public Health instructions.

Screening Questions for Adults 18 Years and Older:

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| 1. | Have you been a household contact of a case¹ of COVID-19 in the last 14 days? <i>A household contact: a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with a case of COVID-19. For example, someone who is a caregiver or an intimate or sexual partner of a COVID-19 case.</i> | YES | NO |
| If you answered "YES" AND you are NOT fully immunized²: <ul style="list-style-type: none">You should stay home for 14 days from the last day of exposure and monitor for symptoms. If you have symptoms, proceed to question 2. If you answered "NO" to question 1, proceed to question 2 | | | |

¹ A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#)

² A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series

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| 2. | Do you have any new onset (or worsening) of the following symptoms: | | |
| | • Fever | YES | NO |
| | • Cough | YES | NO |
| | • Shortness of breath | YES | NO |
| | • Runny nose | YES | NO |
| | • Sore throat | YES | NO |
| | • Chills | YES | NO |
| | • Painful swallowing | YES | NO |
| | • 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 | |
| <p>If you answered “YES” to any symptom:</p> <ul style="list-style-type: none"> • Stay home. • Use the AHS Online Assessment Tool or call Health Link 811 to arrange for testing and to receive additional information on isolation. <p>If you have fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell you are required to isolate for 10 days as per the current CMOH Order OR receive a negative COVID-19 test and feel better before returning to activities</p> <p>If you answered “NO”:</p> <ul style="list-style-type: none"> • You may attend work, school, and/or other activities. | | | |