

Screening Questionnaire

COVID-19

STAFF/STUDENTS/VISITORS/CONTRACTORS MUST USE THIS QUESTIONNAIRE DAILY TO DETERMINE IF THEY SHOULD ATTEND SCHOOL OR WORK.

The tool is used to assist with assessing building occupants who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.

Staff, students and visitors must review this checklist daily prior to entering the school or workplace. If you answer YES to any of the questions, you must not enter the building. Complete the COVID-19 online self-assessment tool for further direction.

Health Screening Questions

1.	Do you have any of following symptoms?	CIRCLE ONE	
		YES	NO
	• 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 (Pink Eye)	YES	NO
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Has you had close contact* with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Have you had close contact with a symptomatic** close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO

* Face-to-face contact within 2 metres. A health care worker in a occupational setting wearing the recommended personal protective equipment is not considered to be a close contact. Refer to AHS Case/Outbreak document for definition of a close contact in school settings.

** 'Ill/symptomatic' means someone with COVID-19 symptoms on the list above