

COVID-19 Screening Questions

Please consider the following questions.

If you answer 'yes' to any of them, please advise staff immediately.

- 1) In the last 2 weeks, have you experienced any new or worsening symptoms *not* associated with allergies, chronic or pre-existing conditions, including: Fever, Cough, Shortness of Breath, Difficulty Breathing, Sore Throat, Runny Nose, Chest Pain or Pressure, Nasal Congestion?
- 2) Have you returned to Canada from abroad within the last 14 days (including the USA)?
- 3) Have you visited any area that has seen a recent surge in Covid-19 cases within the last 14 days?
- 4) Have you had close contact to anyone with an acute respiratory illness that started in the last 14 days?
- 5) Have you had close contact to someone with a probable or confirmed case of Covid-19 in the last 14 days?
- 6) Have you had close contact with a person who has returned from international travel in the last 14 days, or any person ordered to self-isolate?
- 7) Touchless temperatures will be taken on-site & anyone with a temp. over 38° Celsius (100.4° Fahrenheit) will be asked to return/stay home.
- 8) Do you have any of the following symptoms, either new or worsening:
 - Headache
 - Muscle and/or joint aches & pains
 - Chills
 - Conjunctivitis (Pink Eye)
 - Dizziness
 - Fatigue
 - Nausea/Vomiting
 - Diarrhea
 - Loss of Appetite
 - Loss of Taste or Smell
 - Loss of Speech or Movement
 - Rash on skin, or Discolouration of Fingers or Toes