



Self-Screening Assessment Tool for COVID-19

Name: _____

Date: _____

Contact Number: _____

ASK the following Screening Questions:

1. Do you have a confirmed case of COVID-19 or any of the symptoms of acute respiratory illness (fever/feverish; new or existing cough, chronic cough, shortness of breath or difficulty breathing)?

Circle: Yes No

2. Have you had close contact with a confirmed or probable* COVID-19 case?

Circle: Yes No

3. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?

Circle: Yes No

4. Do you have two (2) or more of the following symptoms (each bullet represents one (1) symptom):

- Sore throat
- Hoarse voice
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise
- Diarrhea
- Abdominal pain
- Nausea/vomiting
- Pink eye (conjunctivitis)
- Runny nose/sneezing without other known cause
- Nasal congestion without other known cause

Circle: Yes No



5. Have you travelled outside of Canada within the last 14 days?

Circle: Yes No

6. If you are over the age of 65, have you experienced any of the following symptoms:

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

Circle: Yes No

IF YOU HAVE ANSWERED **NO** TO THE QUESTIONS, YOU HAVE **PASSED** THE SCREENING AND ARE ALLOWED TO ENTER THE BUILDING.

IF ANYONE ANSWERS **YES** TO ANY OF THE QUESTIONS, YOU HAVE **FAILED** THE SCREENING. Do not enter your workplace and please contact your immediate supervisor or manager for further direction.

Definition:

1. *Probable Case – A person with fever and/or onset of cough and/or difficulties breathing especially if any of the following are true within 14 days prior to onset of illness:
 - Travel to an impacted area with a travel advisory **OR**
 - Close contact with a confirmed case of COVID-19 **OR**
 - Close contact with a person with acute respiratory illness who has been to an impacted area