



Screening Questionnaire

Date: June 22, 2020

1.	Do you have a fever (38 degrees Celsius or higher)	YES	NO
2.	Do you have any new or worsening respiratory symptoms:		
	• Hoarse voice	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore throat/Painful Swallowing	YES	NO
	• Runny Nose or sneezing	YES	NO
	• Nasal congestion/Stuffiness	YES	NO
	• Difficulty swallowing	YES	NO
3.	Do you have any new onset atypical symptoms, including but not limited to:		
	• Chills	YES	NO
	• Muscle/Joint Aches	YES	NO
	• Nausea / Vomiting / Diarrhea / Unexplained Loss of Appetite	YES	NO
	• Headache	YES	NO
	• Loss of Sense of Smell or Taste	YES	NO
	• Conjunctivitis	YES	NO
	• Altered Mental Status	YES	NO
4.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
5.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate use of PPE?	YES	NO
6.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?	YES	NO

If you have answered “Yes” to any of the above questions, please DO NOT enter at this time.

If you have answered “No” to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer).

Our goal is to minimize the risk of infection to our residents and staff, thank you for your understanding and cooperation.

Signed: _____