

<b>Examinee Name:</b>		<b>Date:</b>
<b>COVID 19 SCREENING QUESTIONNAIRE</b>		<b>Results of Screening Questions</b>
<b>1. Do YOU have any of the following new or worsening symptoms?</b> Symptoms should not be chronic or related to other known causes or conditions, if you are uncertain please ask for guidance.		<ul style="list-style-type: none"> <li>If the individual answers <b>NO</b> to all questions from 1 through 3, they have passed and <b>CAN</b> enter the workplace.</li> <li>If the individual answers <b>YES</b> to any questions from 1 through 3, they have not passed and <b>CAN NOT</b> enter the workplace. They should go home to self-isolate immediately and contact their health care provider and /or public health to find out if they need a COVID-19 test.</li> </ul>
<ul style="list-style-type: none"> <li>fever greater than &gt; <b>37.8°C</b> , chills, extreme tiredness and/or achy muscles</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>difficulty breathing or shortness of breath</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>cough</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>sore throat, trouble swallowing</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>runny nose/stuffy nose or nasal congestion</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>decrease or loss of smell or taste</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<ul style="list-style-type: none"> <li>nausea, vomiting, diarrhea, abdominal pain</li> </ul>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>2. In the last 14 days, have you or anyone in your household travelled outside Canada?</b>	<input type="checkbox"/> <b>YES</b> * <input type="checkbox"/> <b>NO</b> <i>See below for YES.</i>	
<b>ATL residents only:</b> (NB, NS, NFLD, PEI) <b>2a. Have you travelled outside Atlantic Canada in the last 14 days?</b>	<input type="checkbox"/> <b>YES</b> * <input type="checkbox"/> <b>NO</b>	
<b>3. In the last 14 days have you tested positive or had close contact with confirmed or probable case of COVID-19?</b>	<input type="checkbox"/> <b>YES</b> * <input type="checkbox"/> <b>NO</b> <i>See below for YES.</i>	
<b>Temperature Check</b>	<input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>PASS</b>	If they <b>FAIL</b> the temperature screen, please cancel and rebook appointment.

\* **2 and 2a.** Essential Workers and those that reside in the same household as the essential worker **can proceed with assessment and/or work** as long as they are not presenting with acute respiratory symptoms. Please confirm with examinee.

\* **3.** Healthcare workers **can proceed with assessment** if there was no breach in the PPE during contact with confirmed or probable case of COVID-19. Please confirm with examinee.