

## COVID-19 Screening Questionnaire

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To prevent the spread of COVID-19, persons attending programs (e.g., participants, parents/guardians, delivery persons, guest speakers) and or events **MUST** be pre-screened prior to entering. **Retain all completed forms for 14 days.**

<b>Date (yyyy/mm/dd):</b>	<b>Name (Last, First):</b>
<b>Program Name/Reason for Visit:</b>	<b>Phone Number:</b>

### Self-Declaration by Program Participant/Visitor/Parent or Guardian

**Have you or anyone in your family (not including asymptomatic rotational workers):**

- traveled in the last 14 days outside Newfoundland and Labrador?

Yes     No

- been in close contact with a known or suspected case of COVID-19 in the last 14 days?

Yes     No

- been in close contact, in the last 14 days, with a person suffering from acute respiratory illness who has traveled outside Newfoundland and Labrador within 14 days prior to illness onset?

Yes     No

- had two or more of the following symptoms (new or worsening) in the last 14 days:
  - Fever (or signs of a fever, such as chills, sweats, muscle aches, and lightheadedness);
  - Cough;
  - Headache;
  - Sore throat;
  - Runny nose;
  - Painful swallowing;
  - Diarrhea;
  - Loss of sense of smell or taste;
  - Unexplained loss of appetite;

OR,

- Small red or purple spots on your hands and/or feet?

Yes     No

I \_\_\_\_\_ acknowledge and confirm that I/my child am/is not experiencing any flu-like symptoms and agree to immediately report, and call 811, if symptoms occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MR Screening Employee \_\_\_\_\_