

# COVID-19 Screening Assessment

The following are the health screening questions asked to everyone who wants to gain access to Queen's University. Please print and complete.

I am:

Faculty/Staff \_\_\_\_\_ Student \_\_\_\_\_ Contractor or Visitors \_\_\_\_\_

First Name (*required -please print*): \_\_\_\_\_

Last Name (*required – please print*): \_\_\_\_\_

Phone Number (*required*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email (*required – please print*): \_\_\_\_\_

## Consent Statement

By proceeding to take the SeQure COVID-19 self-assessment, you acknowledge and consent to Queen's University receiving basic information about your self-assessment and the location you intend to visit on campus.

The purpose of the self-assessment is to provide information about what to do should you experience symptoms of COVID-19 and are on campus. The location information will be used to support, if necessary, contact tracing by KFLA Public Health.

I acknowledge and consent to the above statement and confirm that the information given in this form is true, complete and accurate.

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

**1. Do you have any of the following new or worsening symptoms or signs? (Symptoms should not be chronic or related to other known causes or conditions)**

- **Fever or chills**
- **Difficulty breathing or shortness of breath**
- **Cough**
- **Sore throat, trouble swallowing**
- **Runny nose/stuff nose or nasal congestion**
- **Decrease or loss of smell or taste**
- **Nausea, vomiting, diarrhea, abdominal pain**
- **Not feeling well, extreme tiredness, sore muscles**

Yes \_\_\_\_\_

No \_\_\_\_\_

***Continue to page 2***

Page 1 | 2

**2. Have you travelled outside of Canada in the past 14 days?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Have you had close contact with a confirmed case of COVID-19 in the past 14 days?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**4. In the past 14 days, have you been in close contact with someone who is currently sick with symptoms associated with COVID-19 AND NOT undergoing active testing for COVID-19**

Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Are you under a public health order/recommendation to limit contact/self-isolate/quarantine due to the risk of COVID-19?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**6. What buildings are you planning on visiting today and when?**

**Building 1** \_\_\_\_\_ **Morning** \_\_\_\_\_ **Afternoon** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Building 2** \_\_\_\_\_ **Morning** \_\_\_\_\_ **Afternoon** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Building 3** \_\_\_\_\_ **Morning** \_\_\_\_\_ **Afternoon** \_\_\_\_\_ **Evening** \_\_\_\_\_

**Building 4** \_\_\_\_\_ **Morning** \_\_\_\_\_ **Afternoon** \_\_\_\_\_ **Evening** \_\_\_\_\_

If you answered 'yes' to any of the above questions, it is recommended that you go home and self-isolate.

Complete the Ontario COVID-19 Self-Assessment survey (<https://covid-19.ontarioca/self-assessment/>) and follow the instructions provided.

Staff or Faculty, please complete the form:

<http://www.queensu.ca/humanresources/coronavirus/symptoms-and-respons> and advise your supervisor.

Students, for medical assistance please contact Student Wellness Services at 613-533-6740. If living in Residences please complete the form: <https://residences.housing.queensu.ca/covid19-residence-student-isolation-protocol-confirmed-or-suspected-cases-20-21-academic-year/>

These screening questions are based on the Province of Ontario COVID-19 screening questions and on the recommendations of Public Health, this form will be kept for up to 30 days after which it will be securely destroyed.