

COVID-19 Screening Assessment

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

I am:

Faculty/Staff _____ Student _____ Contractor or Visitor _____

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.

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.

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

Signature: _____

1. **Are you currently experiencing one or more of the symptoms below that are new or worsening?**
(Symptoms should not be chronic or related to other known causes or conditions)

- Fever or chills
- Cough
- Shortness of breath
- Decrease or loss of taste or smell

Two or more of:

- Runny nose or nasal congestion
- Headache
- Extreme fatigue
- Sore throat
- Muscle aches or joint pain
- Gastrointestinal symptoms (such as vomiting or diarrhea)

Yes _____ No _____

2. **Is anyone you live with currently sick with symptoms associated with COVID-19 and/or tested positive for COVID-19 (on a rapid antigen test or PCR test)?**

Yes _____ No _____

Completed forms are to be managed under your department's secure, record handling, storage process and securely destroyed after the required 30-day retention period.

3. In the last 5 days, have you tested positive on a rapid antigen test or home-based self testing kit?
Yes _____ No _____
4. In the last 5 days, have you received a COVID Alert exposure notification on your cell phone?
Yes _____ No _____
5. In the last 5 days, have you been identified as a "close contact" of someone who currently has COVID-19 (confirmed by a PCR or rapid antigen test)? If public health has advised you that you do not need to self-isolate, select "No."
Yes _____ No _____
6. In the last 14 days, have you travelled outside of Canada? If exempt from federal quarantine requirements as directed by the border agent at your point of entry (for example, you have two or more doses of a COVID-19 vaccine and have met the specific conditions, or an essential worker who crosses the Canada-US border regularly for work) select "No".
Yes _____ No _____

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.ontario.ca/self-assessment/>) and follow the instructions provided.

Staff or Faculty, please review the COVID-19 information link:
<http://www.queensu.ca/humanresources/coronavirus/symptoms-and-response> and advise your supervisor.

Students, for medical assistance please contact Student Wellness Services at 613-533-6740. If living in Residences, please review the Residences COVID-19 Information Site: <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.

Name: _____

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