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_______

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.
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) AND still in their isolation period (5 days from symptom onset for individuals aged 11 or younger or fully vaccinated; 10 days for partially vaccinated, unvaccinated or immunocompromised individuals)?
   If you have tested positive for COVID-19 in the last 90 days (confirmed by a PCR or Rapid Antigen Test) and are asymptomatic, Select “NO”
   If you are 18 years of age or older and have already received your booster dose of the COVID-19 vaccine, select “NO”
   If you are under 18 years of age and are fully vaccinated (have received a full series of a Health Canada authorized vaccine), select “NO”

   Yes_______ No_______

3. Has it been 5 days or less since you first tested positive on a rapid antigen test or home-based self-testing kit?

   Yes_______ No_______

4. 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.


Staff or Faculty, please review the COVID-19 information link:

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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