

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.

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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