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. The 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. 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 and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
   - Cough or barking cough (croup)
   - Shortness of breath
   - Decrease or loss of smell or taste
   - A new or worsening sore throat
   - New or worsening trouble swallowing
   - New or a worsening runny or stuffy nose
   - Abdominal pain that is persistent or ongoing (not related to known causes or conditions e.g., menstrual cramps, gastroesophageal reflux disease)
   - Have a headache that is unusual or long lasting
   - New or worsening conjunctivitis (pink eye)
   - A decrease or lack of appetite
   - (For persons > 18 years or older) Fatigue, lethargy, malaise and/or myalgias, unusual tiredness, lack of energy, muscle aches or joint pain
   - (For persons < 18 years) Nausea, vomiting and/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. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?
   Yes ______  No ______

3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.
   Yes ______  No ______

4. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19? If public health has advised you that you do not need to self-isolate (e.g., you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No."
   Yes ______  No ______

5. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone? If you have already gone for a test and got a negative result, select "No." If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."
   Yes ______  No ______

6. In the last 10 days, have you tested positive on a rapid antigen test? If you have since tested negative on a lab-based PCR test, select "No."
   Yes ______  No ______

7. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? If the individual is experiencing symptoms that are related to receiving a COVID-19 vaccination in the last 48 hours, select "No." If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, 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: 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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