

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
- (For persons > 18 years or older) Fatigue, lethargy, malaise and/or myalgias. Unusual tiredness, lack of energy Pink eye (Conjunctivitis)
- (For persons < 18 years) Nausea, vomiting and/or diarrhea

Yes _____ No _____

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 _____

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. 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 are 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.

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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