COVID-19 Screening Assessment

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

I am:

Faculty/Staff ____  Student ____  Contractor or Visitors ____

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 and the location you intend to visit on campus.

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 location 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. Do you have any of the following new or worsening symptoms or signs? (Symptoms should not be chronic or related to other known causes or conditions)

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuff nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

Yes______  No______

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2. Have you travelled outside of the KFL&A, Hastings, Prince Edward, Leeds & Grenville, and Lanark Counties, had visitors in your home from outside this region, or moved to this region in the last 14 days?
   Yes______  No______

3. Have you travelled outside of Canada in the past 14 days?
   Yes______  No______

4. Have you had close contact with a confirmed case of COVID-19 in the past 14 days?
   Yes______  No______

5. In the past 14 days, have you been in close contact with someone who is currently sick with symptoms associated with COVID-19 AND NOT undergoing active testing for COVID-19?
   Yes______  No______

6. Are you under a public health order/recommendation to limit contact/self-isolate/quarantine due to the risk of COVID-19?
   Yes______  No______

7. What buildings are you planning on visiting today and when?
   Building 1__________________________ Morning _____ Afternoon _____ Evening ______
   Building 2__________________________ Morning _____ Afternoon _____ Evening ______
   Building 3__________________________ Morning _____ Afternoon _____ Evening ______
   Building 4__________________________ Morning _____ Afternoon _____ Evening ______

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/

The university is requesting that all students, staff, and faculty who have travelled to Kingston from outside the KFL&A, Hastings and Prince Edward Counties, and Leeds, Grenville, and Lanark region, or that have had visitors from outside the region, self-isolate for 14 days and consider voluntary asymptomatic testing for COVID-19.

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.

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