

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 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 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: _____

Enhanced Precautions

- Faculty, staff, students and visitors who are **not fully vaccinated** or **wish not to disclose their vaccination status**; and
- live with anyone who in the past 14 days has been sick with symptoms associated with COVID-19 and who has NOT received a negative test, been cleared by Public Health or been diagnosed with another illness

are not to come to campus and are required to conduct their work or academic activity remotely if possible. If the nature of their work or academic activity can only be done on campus, then they must follow the enhanced precautions.

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.

Enhanced precautions while on campus include:

- Self-monitoring for fever (Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher) twice a day. This should be performed prior to, and following, their time on campus.
- Travelling in University vehicles alone.
- Wearing a medical grade mask and any additional Personal Protective Equipment that may be required based on your activity. For employees, departments will purchase medical grade masks through [Strategic Procurement Services](#).
- Minimizing non-essential contact with others on campus.
- Not eating meals or taking breaks in a shared space (e.g., conference room, lunchroom) with other individuals.
- Working in only one area/facility if possible.

How long should the Enhanced Precautions be in place?

- The individual, as long as they remain asymptomatic, must continue to use enhanced precautions until the symptomatic individual in their home has received a negative test; been cleared by Public Health; or been diagnosed with another illness.
- When the need for enhanced precautions ends, all the normally required public health measures on campus must be followed.

What if anyone (vaccinated or unvaccinated) develops symptoms of COVID-19?

- While on campus - Immediately self-isolate (i.e., remove themselves from the workplace). Queen's employees should inform their immediate Manager/Dean/Dean-delegate
- While at home - Immediately self-isolate in their home
 - Do not go to campus.
 - Employees should notify their immediate Manager/Dean/Dean-delegate
 - Contact their health care provider, Telehealth (1-866-797-0000) or their local public health unit.

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I have read and acknowledge the above.

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/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles (unusual, long-lasting, not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)
- Pink eye (Conjunctivitis)
- Headache (unusual, long-lasting, not related to getting a COVID-19 vaccine in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)

Yes _____

No _____

2. If you have travelled outside of Canada in the last 14 days, are you required to quarantine under Federal requirements?

Yes _____

No _____

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

Yes _____

No _____

4. In the past 14 days, have you been in close contact with someone who has travelled outside Canada and required to quarantine under Federal requirements?

Yes _____

No _____

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

Yes _____

No _____

6. 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.

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:

<https://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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