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: ______________________________

Travel Outside KFLA Region

Students, staff, faculty and visitors, in circumstances where the nature of their work is such that it requires them to be on-site at Queen’s, must follow the Enhanced Precautions as outlined below if they have in the last 14 days travelled outside of the KFL&A, Hastings, Prince Edward, Leeds & Grenville, Lanark Counties and Renfrew County OR had visitors in their home from outside this region, or moved to this region.

For employees who have been identified as performing an essential function and the nature of their work requires them to be on campus to do their job, Enhanced Precautions must be considered where in the past 14 days, an employee has been in close contact with someone who is currently sick with symptoms associated with COVID-19 and has NOT received a negative test, been cleared by Public Health or been diagnosed with another illness:

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.
• Those faculty, staff and students in clinical programs or accessing hospitals must adhere to the requirements and standards set by the Faculty of Health Sciences and the hospitals, which may be different than those in these Guidelines.
• The university will consider individual circumstances when advising on which enhanced protective measures are appropriate and reasonable.
• Employees who meet these criteria are expected to advise their manager they require enhanced precautions when at work.

Enhanced precautions while on campus include:

• Self-monitor for fever[i] twice a day. This should be performed prior to, and following, their time on campus.
• Travel in University vehicles should be alone.
• While on campus, for the 14-day period, wear a medical grade mask[ii] and any additional Personal Protective Equipment that may be required based on your activity.
• Minimize non-essential contact with others on campus.
• Do not eat their meals or take their breaks in a shared space (e.g., conference room, lunchroom) with other individuals.
• Work in only one area/facility if possible.

How long should the Enhanced Precautions be in place?

• Enhanced precautions apply for 14 days after return from travel and/or the last unprotected exposure to a person visiting from outside KFL&A, Hastings, Prince Edward, Leeds & Grenville, Lanark Counties and Renfrew County.
• Enhanced precautions can be stopped after 14 days if COVID -19 related symptoms have not developed.
• For employees who have been identified as performing an essential function and the nature of their work requires them to be on campus to do their job and are using enhanced precautions due to close contact with a person showing symptoms associated with COVID-19, the employee must continue to use enhanced precautions until the symptomatic individual has received a negative test; been cleared by Public Health; or been diagnosed with another illness, provided the employee remains asymptomatic.
• Follow all the required public health measures after they have stopped using enhanced precautions.

What if symptoms of COVID-19 develop while at home or on campus?

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

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[i] Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

[ii] Procedural/Surgical masks are readily available through Strategic Procurement Services.

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 is currently sick with symptoms associated with COVID-19 and has NOT received a negative test, been cleared by Public Health, or been diagnosed with another illness?

   Yes ______  No_______

5. 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_______

*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.*
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: 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: ____________________________