

# 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

If you have 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 the university is requesting that all students, staff, and faculty consider voluntary asymptomatic testing for COVID-19 and self-isolate for 14 days.

### Employees:

If your position has been deemed an essential function and the nature of your work is such that it requires you to be on-site to do your job please consult with your Manager, Dean or Dean's delegate to discuss the potential of enhanced precautions while working on campus.

***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.***

**Residence Students:**

If you have travelled outside the KFL&A, Hastings, Prince Edward, Leeds & Grenville, and Lanark Counties, had visitors from outside this region, or moved to this region in the last 14 days, you must self-isolate in your assigned residence room for 14 days upon arrival to residence. This includes no contact with anyone else (including others in your household) and remaining in your residence room except for essential purposes (dining, exercise, medical/pharmaceutical care).

For more information, please see the Residence Isolation Protocol at:  
<https://residences.housing.queensu.ca/covid19-residence-student-isolation-protocol-confirmed-or-suspected-cases-20-21-academic-year/>

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/stuff nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles
- Pink eye (Conjunctivitis)
- Headache

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you travelled outside of Canada in the past 14 days?

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 \_\_\_\_\_

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5. In the past 14 days, have you been in close contact with someone who has returned from outside Canada in the last 2 weeks?  
 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.

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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