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 _____

Continue to page 2

Version: October 8.2020
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 NOT undergoing active testing for COVID-19
   Yes _____ No _____

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.


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.