

## COVID-19 Screening Questionnaire

Every participant attending the in-person training activity must, prior to entering the facility or training area, read these questions and acknowledge on the COVID-19 Activity Register that they have **NONE** of the following symptoms:

If there are any concerns (i.e. they respond yes to any of the questions) the individual(s) shall be sent home immediately and told to follow up with their family doctor.

1. Are you experiencing any severe difficulty breathing or severe chest pain?
2. Are you experiencing any mild or moderate shortness of breath or unable to lay down due to being short of breath?
3. Are you experiencing any of the following symptoms?
  - a. new or worsening cough?
  - b. an increased temperature?
  - c. feeling of fever or chills?
  - d. experiencing muscle aches?
  - e. loss of smell or taste?
  - f. feeling unwell?
  - g. Have/had any upset stomach or diarrhea?
4. Have you travelled outside your province or Canada within the last 14 days (including the United States)?
5. In the last 14 days, have you had close contact with a person with symptoms of COVID- 19 or who has travelled outside Canada?

**(Close contact means lived with, provided care to, or travelled in a vehicle with)**

**Reference:** *Health Canada COVID-19 Self-assessment – <http://ca.thrive.health>*