

COVID-19 Screening Questionnaire

To prevent the spread of COVID-19, persons attending the program (e.g., participants, parents/guardians, delivery persons, guest speakers) should be pre-screened prior to entering. **Leaders should retain all completed forms for 14 days.**

Date (yyyy/mm/dd):	Name (Last, First):
Program Name:	Location (street address):

Self-Declaration by Program Participant/Visitor/Parent or Guardian

Have you or anyone in your family (not including asymptomatic rotational workers):

- traveled in the last 14 days outside Newfoundland and Labrador or outside the communities along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon)?
 Yes No
- been in close contact with a known or suspected case of COVID-19 in the last 14 days?
 Yes No
- been in close contact, in the last 14 days, with a person suffering from acute respiratory illness who has travelled outside of the identified areas within 14 days prior to illness onset?
 Yes No
- had two or more of the following symptoms (new or worsening) in the last 14 days:
 - Fever (or signs of a fever, such as chills, sweats, muscle aches, and lightheadedness);
 - Cough;
 - Headache;
 - Sore throat;
 - Runny nose;
 - Painful swallowing;
 - Diarrhea;
 - Loss of sense of smell or taste;
 - Unexplained loss of appetite;OR,
 - Small red or purple spots on your hands and/or feet? Yes No

I _____ acknowledge and confirm that I/my child am/is not experiencing any flu-like symptoms and agree to immediately report, and call 811, if symptoms occur.

Signature: _____ Date: _____