



# Covid-19 Screening Questionnaire

All participants ages 13 and older and/or guardians for participants ages 12 and under must answer the screening questions listed below. If failed, you/your child must exit the facility and we recommend contacting HealthLine 811; your family physician; or your nurse practitioner.

Read the questions below then check off the appropriate answer box (Yes / No)

(1) Are you/is your child experiencing any of the following symptoms...	Yes ↓	No ↓
... Shortness of breath at rest?		
... Difficulty breathing?		
...Coughing?		
...Fever?		
...Headache?		
...Chills?		
...Unexplained fatigue/malaise?		
...Runny nose, sneezing or nasal congestion (excluding seasonal allergies)?		
...Sore throat/difficulty swallowing?		
...Loss of sense of smell or taste?		
(2) Have you/has your child been exposed to anyone who is under investigation for COVID-19 or has been confirmed as having COVID-19 within the last 14 days?		
(3) In the past 14 days have you/has your child returned from international travel?		
(4) Have you/has your child, or anyone in your household been instructed to self-isolate?		

I certify that my answers are true and complete to the best of my knowledge.

Participant's Name (Printed)

Parent/Guardian's Name (if applicable)

Signature

Date