

Viral Respiratory Screening Questions

including for
COVID-19



Please answer the questions below and act accordingly.

1 Are you experiencing any unexplained new or worsening symptoms? (see box on right)

Yes No

2 Have you tested positive or been presumed to be positive for COVID-19 in the past 5 days?

Yes No

3 Has a member of your household tested positive for COVID-19 or have you had a high-risk COVID-19 exposure in the last 7 days?

Yes No

Staff/Contractors only:

4 If you were required to self-test prior to your shift today (for example, during an EOC declared outbreak), **was the test result POSITIVE?**

Yes No

Symptoms

- Cough
- Feeling feverish
- Shortness of breath or difficulty breathing
- Sore throat
- Runny nose
- Sneezing
- Chills
- Fatigue or weakness
- Muscle or body aches
- Loss of smell or taste
- Headache
- Abdominal pain, diarrhea and vomiting
- Feeling very unwell

Visitors:

Questions 1-3:

- If 'yes' to any, do not enter the site.
- If 'no' to all, you may enter the site.

Staff/Contractors:

Questions 1-4:

- If 'yes' to any, contact your manager and follow the applicable CSC COVID-19 algorithm or other guidance document.
- If 'no' to all, you may enter the site.

