

Screening Questionnaire During Covid 19

You are required to complete this questionnaire and are advised that you may not participate in an in-person session if you are feeling unwell at the time of the session or workshop. You are further advised to use the 811 online self-assessment if you are unwell.

<https://novascotia.ca/coronavirus/when-to-seek-help>

<https://811.novascotia.ca>

Please answer the following questions by circling the appropriate response: YES/NO

Have you tested positive for COVID-19 that you have not fully recovered from? YES / NO

Are you experiencing any of the following symptoms? *(Not related to a previously documented health concern)

~fever (i.e. chills, sweats) YES / NO

~cough or worsening of a previous cough YES / NO

~sore throat YES / NO

~headache YES / NO

~shortness of breath* YES / NO

~muscle aches YES / NO

~sneezing YES / NO

~nasal congestion/runny nose YES / NO

~hoarse voice YES / NO

~diarrhea YES / NO

~unusual fatigue YES / NO

~loss of sense of smell or taste YES / NO

~red, purple or blueish lesions on the feet, toes, or fingers without clear cause YES / NO

Have you traveled outside of Nova Scotia within the last 14 days? YES NO

Have you had unprotected close contact with individuals who have a confirmed or

presumptive diagnosis of COVID-19? (e.g. individuals exposed without appropriate PPE in use)

If you have answered yes to any of the above questions, further consultation will determine if you may attend.

You are advised to use the 811 on-line self-assessment <https://811.novascotia.ca> if you are unwell the day of your session.

The answers I have given to the above questions are true to the best of my knowledge.

Date:

Name:

Signature: