

COVID-19 SCREENING TOOL

- 1. Do you have any of the following symptoms?**
 - Severe difficulty breathing (e.g. struggling for each breath, speaking in single words)
 - Chest pain
 - Confusion
 - Extreme Drowsiness
 - Loss of consciousness

- 2. Do you have shortness of breath at rest or difficulty breathing when lying down?**

- 3. Do you have a new onset of any of the following symptoms?:**
 - Fever / Chills
 - Cough
 - Sore throat / Horse voice
 - Shortness of breath
 - Loss of taste or smell
 - Vomiting or Diarrhea for more than 24 hours

- 4. Do you have a new onset of 2 or more of any of the following symptoms?:**
 - Runny nose
 - Muscle Aches
 - Fatigue
 - Conjunctivitis (Pink Eye)
 - Headache
 - Skin Rash of unknown cause
 - Nausea
 - Loss of Appetite

- 5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?**

- 6. Have you had laboratory exposure while working directly with specimens known to contain COVID-19?**

- 7. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at a major public event?**

- 8. Have you travelled outside of Manitoba in the last 14 days, excluding travel to western Canada, the territories or Ontario west of Terrace Bay?**

- 9. Do you have a chronic health condition that you are concerned about?**

If you have answered 'yes' to any of these questions you are not permitted to participate in this event and we ask that you leave the facility. We urge you contact Health Links at (204) 788-8200 or 1-888-315-9257 for direction in ensuring your health and the health of others.

**If you have answered 'no' to all of these questions listed above, please complete our Sign-In Sheet.
COVID-19 SIGN-IN SHEET**

