

COVID-19 Screening Tool

Please answer the following questions as part of our screening for COVID-19.

1) Do you have any of the following symptoms: severe difficulty breathing, chest pain, confusion, extreme drowsiness, or loss of consciousness?

YES NO

2) Do you have any shortness of breath at rest or difficulty breathing when lying down?

YES NO

3) Do you have a new onset of any of the following symptoms: fever, cough, sore throat, headache, chills, runny nose, loss of sense of smell, or muscle or joint pain?

YES NO

4) Have you been in contact with someone in the last 14 days that is under investigation for or is confirmed to have COVID-19?

YES NO

5) Have you had laboratory exposure while working directly with specimens known to COVID-19?

YES NO

6) Have you been in a setting in the last 14 days that has been identified as at risk for acquiring COVID-19 (e.g. flight, workplace, or event)?

YES NO

7) Have you travelled outside of the country in the last 14 days?

YES NO

8) Are you working/volunteering in a long term or continuing care home or another Saskatoon Health Authority facility?

YES NO