



CASS

CASS Covid-19 Screening Questionnaire

Covid-19 Screening Questions

1.	Do you have any of the below symptoms*:		
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath/Difficulty Breathing	YES	NO
	Sore Throat/Painful Swallowing	YES	NO
	Runny/Stuffy Nose	YES	NO
	Feeling Unwell/Fatigued	YES	NO
	Nausea/Vomiting/Diarrhea	YES	NO
	Loss of sense of Smell or Taste	YES	NO
2.	Have you or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face to face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever without the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face to face contact within 2 meters/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of Covid-19 without the use of appropriate PPE?	YES	NO
5.	Have you had laboratory exposure while working with specimens known to contain Covid-19	YES	NO

****Symptoms should be new and unexpected Ex: a seasonal allergy resulting in runny nose that occurs in the presence of pollen or an ongoing smoker's cough does not meet the criteria.***

If a person has answered YES to any of the above questions have the person self-isolate, take proper precautions. Follow AHS Guidelines.

Any individual who refuses to complete a screening questionnaire will not be permitted to work on-site or participate in any in-person meetings or CASS supported activities.

Date (YYYY-MM-DD): _____ **Time (24 hour clock format):** _____

Phone Number of the Screened Individual (for non-CASS Staff or Clients only): _____

(for contact tracing purposes only - Covid-19 Screening Questionnaires will not be retained for more than one month or used in any other way)

Name of the Individual Being Screened

Signature of the Screener