

**APPENDIX C - COVID SCREENING QUESTIONNAIRE**



## COVID-19 Daily Self-Screening Questionnaire

**These are questions that employees should ask themselves prior to starting to their work day:**

Any employee who is experiencing ANY of the symptoms below, **even if fully vaccinated**, should NOT enter the workplace. You should still be tested even if your symptoms are very mild or if they start to improve after 24 hours. It is important to get tested as tracing and isolating contacts in a timely manner is important to limiting the spread of COVID-19 in the community.

Do you have any of the below symptoms?		
Feeling of fever or chills?	Yes	No
New onset of cough or increase in amount of coughing?	Yes	No
Sore throat? Hoarse voice?	Yes	No
Experiencing fatigue?	Yes	No
Pink eye?	Yes	No
Have a skin rash of an unknown cause?	Yes	No
Shortness of Breath?	Yes	No
New onset symptom: runny nose/ congestion?	Yes	No
Headache or unusual headache?	Yes	No
Sore muscles not related to overexertion or exercise?	Yes	No
New onset symptom: diarrhea? Vomiting?	Yes	No
New onset symptom: loss of taste and/or smell?	Yes	No
Have you or a member of your household had close contact (within two metres) with a confirmed case of COVID-19?	Yes	No
Are you, or a member of your household, waiting for COVID-19 testing results?	Yes	No
Is a member of your household sick with COVID-19 symptoms, and waiting for COVID-19 test results?	Yes	No
Have you been exposed to COVID-19 in a work or public setting in the last 14 days? (e.g. a setting that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, at a workplace or in a community with a cluster of cases, or at an event?)	Yes	No
Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?	Yes	No
Have you or a member of your household been identified as a close-contact and instructed to self-isolate?	Yes	No
In the last 14 days, have you returned: <ul style="list-style-type: none"> <li>From a Canadian province/territory and you have less than two COVID vaccinations or it has been less than two weeks since your second COVID vaccination?</li> <li>From non-essential travel outside Canada?</li> </ul> Travel restrictions are subject to change; up-to-date information is available at: <a href="https://www.gov.mb.ca/covid19/soe.html">https://www.gov.mb.ca/covid19/soe.html</a>	Yes	No
<b>IF ALL ANSWERS ARE NO</b>		
<ul style="list-style-type: none"> <li>Clean your hands again and enter the work location</li> </ul>		
<b>IF ANY ANSWERS ARE YES</b>		
<ul style="list-style-type: none"> <li><b>DO NOT ENTER FURTHER INTO THE WORK LOCATION</b></li> <li>Contact your workplace supervisor</li> <li>Contact Occupational Health: 204-986-5218</li> <li>Return home maintaining physical distancing</li> <li>Complete the on-line screening tool; <a href="https://sharedhealthmb.ca/covid19/screening-tool/">https://sharedhealthmb.ca/covid19/screening-tool/</a></li> </ul>		