

COVID-19 Screening Questions



Employee name (if required): _____

Date (if required): _____

Symptom and exposure screening questions (check all that apply)

Do you have a new onset, or worsening, of any ONE of the following symptoms?		Yes	No
<input type="checkbox"/>	• fever > 38°C or think you have a fever or chills		
<input type="checkbox"/>	• cough		
<input type="checkbox"/>	• sore throat/ hoarse voice		
<input type="checkbox"/>	• shortness of breath/ breathing difficulties		
<input type="checkbox"/>	• loss of taste or smell		
<input type="checkbox"/>	• vomiting or diarrhea for more than 24 hours		
If "yes" to any one of the above, DO NOT ENTER			
Do you have a new onset, or worsening, of any TWO of the following symptoms?		Yes	No
<input type="checkbox"/>	• runny nose		
<input type="checkbox"/>	• muscle aches		
<input type="checkbox"/>	• fatigue		
<input type="checkbox"/>	• conjunctivitis (pink eye)		
<input type="checkbox"/>	• headache		
<input type="checkbox"/>	• skin rash of unknown cause		
<input type="checkbox"/>	• nausea or loss of appetite		
<input type="checkbox"/>	• poor feeding (if an infant)		
If "yes" to any two of the above, DO NOT ENTER			
Exposure history		Yes	No
1.	Have you been in close contact (within two metres/ six feet for more than 15 minutes) in the last 14 days with a confirmed COVID-19 case?		
2.	Have you been exposed to COVID-19 in a work or public setting?		
3.	Have you travelled outside of Canada, or within Canada, east of Terrace Bay, Ontario in the past 14 days?		
4.	A. In the last 14 days has anyone living in your household travelled outside of Canada, or within Canada, east of Terrace Bay, Ontario? If yes, proceed to question 4B. If no, do not complete 4B or 4C.		
	B. IF YES to 4A, is your household traveller exempt from self-isolation (quarantine) requirements (www.manitoba.ca/covid19/soe.html)? If no, proceed to question 4C. If yes, do not complete 4C.		
	C. If NO to 4B, have you been in close contact with the household traveller in the last 14 days since their return from travel?		
If "yes" to question 1, 2, 3, or 4C - DO NOT ENTER			

If the checklist advises you Not to Enter: stay home, isolate and refer to the online COVID-19 Screening Tool at sharedhealthmb.ca/covid19/screening-tool/ or call Health Links – Info Santé at 204-788-8200 or toll free at 1-888-315-9257 for further guidance.

Up to date information on COVID-19 can be found at: www.manitoba.ca/covid19