

Appendix B: Screening Questionnaire for COVID-19

PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS

1. Do you have any of following symptoms: fever/feverish, cough, sore throat, headache or runny nose?

If you answered YES, and have only one symptom, then stay home and do not return until you are fully recovered.

If you answered YES, and have 2 or more of the symptoms, then self-isolate at home, and call 811.

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2. If you have entered YES to any of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self- assessment link on the Government of New Brunswick webpage.
 - a. Have you had close contact within the last 14 days with a confirmed case of COVID-19?
 - b. Have you had close contact within the last 14 days with a person being tested for COVID-19?
 - c. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.
 - d. Have you returned from travel outside of New Brunswick within the last 14 days?
 - e. You have been told by public health that you may have been exposed to COVID-19.