1. **Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.**

Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)	☐ Yes	☐ No
Severe Chest pain	☐ Yes	☐ No
Having a very hard time waking up	☐ Yes	☐ No
Feeling confused	☐ Yes	☐ No
Losing consciousness	☐ Yes	☐ No
Mild to moderate shortness of breath	☐ Yes	☐ No
Inability to lie down because of difficulty breathing	☐ Yes	☐ No
Chronic health conditions that you are having difficulty managing because of difficulty breathing	☐ Yes	☐ No
Runny nose/stuffy nose or nasal congestion	☐ Yes	☐ No
Fever or Chills	☐ Yes	☐ No
Decrease or loss of smell or taste	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Nausea, vomiting, diarrhea, abdominal pain	☐ Yes	☐ No
Nausea, vomiting, diarrhea, abdominal pain	☐ Yes	☐ No
Not feeling well, extreme tiredness, sore muscles	☐ Yes	☐ No

2. **Have you travelled outside of Canada in the past 14 days?**
   ☐ Yes ☐ No

3. **Have you had close contact with a confirmed or probable case of COVID-19?**

☐ Yes ☐ No

Results of Screening Questions:

- If the individual If the individual answers **NO** to all questions from 1 through 3, they have passed and can enter the workplace.
- If the individual answers YES to any questions from 1 through 3, they have not passed and should be advised that they should not enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provider or **call 811** or **604-215-8110** to find out if they need a COVID-19 test.