**NOVEL CORONAVIRUS** 



## **COVID-19 Screening Questions**



## Symptom and exposure screening questions (check all that apply)

Do you have a	a new onset, or worsening of any ONE of the following symptoms?	Yes	No
	· fever > 38°C or think you have a fever or chills		
	· cough		
	· sore throat/ hoarse voice		
	· shortness of breath/ breathing difficulties		
	· loss of taste or smell		
	· vomiting or diarrhea for more than 24 hours		
	· runny nose		
	· muscle aches		
	· fatigue		
	· conjunctivitis (pink eye)		
	· headache		
	· skin rash of unknown cause		
	· nausea or loss of appetite		
If "yes" to any one of the above, DO NOT SEND YOUR CHILD TO SCHOOL			
1.	Have you been in close contact in the last 14 days with a confirmed COVID-19 case?		
2.	Have you been exposed to COVID-19 in a workplace, public setting or through the COVID notification app?		
3.	Have you travelled outside Manitoba in the past 14 days and are not exempt from quarantine?		
4.	A. In the last 14 days has anyone living in your household travelled outside of Manitoba? If yes, proceed to question 4B. If no, do not complete 4B or 4C.		
	<b>B.</b> IFYES 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			
5.	Is a member of your household sick with Covid-19 symptoms and they are not known to be exposed to Covid-19?		
6.	Has a member of your household been identified as a close contact and instructed to self-isolate by Public Health?		
If "yes" to question 5 or 6 and you are not fully immunized (2 doses) or exempt from quarantine,			