

COVID-19 SCREENING TOOL

1. DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?
 - FEVER
 - COUGH
 - SHORTNESS OF BREATH/DIFFICULTY BREATHING
 - SORE THROAT
 - FEELING UNWELL

2. HAVE YOU, OR ANYONE IN YOUR HOUSEHOLD, TRAVELLED OUTSIDE OF CANADA IN THE LAST 14 DAYS?

3. HAVE YOU (OR YOUR CHILDREN) ATTENDING THE PROGRAM HAD CLOSE UNPROTECTED CONTACT (FACE TO FACE CONTACT WITHIN 2 METERS/6 FEET) WITH SOMEONE WHO IS ILL WITH A COUGH OR A FEVER?

4. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN IN CLOSE UNPROTECTED CONTACT IN THE LAST 14 DAYS WITH SOMEONE WHO IS BEING INVESTIGATED OR CONFIRMED TO BE A CASE OF COVID 19?

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS DO NOT PARTICIPATE. GO HOME AND USE THE ALBERTA HEALTH SERVICES (AHS) ONLINE ASSESSMENT TOOL TO DETERMINE IF TESTING IS RECOMMENDED OR CONTACT HEALTH LINK AT 811.