

### COVID-19 Self-Assessment Questions for All Service Users

Anyone who enters the premises or access services will be asked to respond to the following COVID-19 self-screening questions.

Anyone who fails any part of the screening process (says Yes) will be asked to stop and reschedule their visit or service schedule or class, return home, call 811, and begin self-isolation.

#### COVID-19 Self-Assessment Questions

Do you have, or anyone in your household have, any of the below symptoms?		
• Fever	<b>YES</b>	<b>NO</b>
• Cough	<b>YES</b>	<b>NO</b>
• Shortness of Breath/Difficulty Breathing	<b>YES</b>	<b>NO</b>
• Sore throat	<b>YES</b>	<b>NO</b>
• Runny Nose	<b>YES</b>	<b>NO</b>
• Feeling unwell/Fatigued	<b>YES</b>	<b>NO</b>
• Nausea/Vomiting/Diarrhea	<b>YES</b>	<b>NO</b>
Have you, or anyone in your household travelled outside of Canada in the last 14 days?	<b>YES</b>	<b>NO</b>
Have you had close contact (face-to-face contact within 2 meters or 6 feet) with someone who is ill with cough and/or fever?	<b>YES</b>	<b>NO</b>
Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	<b>YES</b>	<b>NO</b>

From Alberta Health Services, <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-guidance-pcn-physicians.pdf>

