

# Screening Questionnaire

Please fill out this questionnaire to determine if you can attend today's program.

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Name: \_\_\_\_\_

| 1. | Do you have any of the following symptoms?   | CIRCLE ONE |    |
|----|--|------------|----|
|    |  | YES        | NO |
|    | • Fever  | YES        | NO |
|    | • Cough  | YES        | NO |
|    | • Shortness of breath or difficulty breathing  | YES        | NO |
| 2. | Have you, or anyone in your household, travelled out-side of the northwest travel bubble in the past 14 days?  | YES        | NO |
| 3. | Have you, or anyone in your household, been in contact in the last 14 days with someone who is currently being investigated for or confirmed to have COVID-19? | YES        | NO |
| 4. | Have you, or anyone in your household, been instructed to self-isolate?  | YES        | NO |

**If you answered “yes” to any of the above questions, DO NOT enter at this time.** If you have recently developed any of these symptoms, please call 811 or visit: <https://service.yukon.ca/en/covid-19-self-assessment/> to do a self-assessment to see if you require testing.

If you have answered “no” to all the above questions, please sign in.

Be sure to practise good hand hygiene (use hand sanitizer or wash hands with soap and water for at least 20 seconds) before entering and leaving the facility.

Our goal is to minimize the risk of illness to you and our staff. We thank you for your cooperation and understanding.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/Guardian if under 18 years)

Date: \_\_\_\_\_

