**COVID-19 Screening Tool**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time In: \_\_\_\_\_\_\_\_

1. Do you or the person you are inquiring about have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?

* Yes
* No

2. Do you or the person you are inquiring about have shortness of breath at rest or difficulty breathing when lying down?

* Yes
* No

3. Do you have a new onset of any of the following symptoms: fever/chills, cough, sore throat/hoarse voice, shortness of breath, loss of taste or smell, vomiting, or diarrhea for more than 24 hours and if the patient is an infant, poor feeding and lethargy?

* Yes
* No

4. Do you have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, skin rash of unknown cause or nausea or loss of appetite?

* Yes
* No

5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?

* Yes
* No

6. Have you had laboratory exposure while working directly with specimens known to contain COVID-19?

* Yes
* No

7. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?

* Yes
* No

8. Have you travelled outside of Manitoba in the last 14 days, excluding personal travel to border communities?

(Note that workers who routinely travel inter-provincially for work and those involved in commercial transportation of goods and services are excluded)

* Yes
* No