

Risk Assessment: Screening Questions

Do you have any of the following symptoms? New or worsening **respiratory** symptoms?
Any **new onset atypical** symptoms?

YES **NO**

- Fever
- Cough
- Headache
- Muscle and/or joint aches and pains
- Sore throat
- Chills
- Runny nose
- Nasal congestion
- Conjunctivitis(symptoms of pink eye)
- Dizziness
- Fatigue
- Nausea/vomiting
- Diarrhea
- Loss of appetite (difficulty feeding for children)
- Loss of sense of taste or smell
- Shortness of breath
- Difficulty breathing

Have you been outside of Canada in the last 14 days?

Have you been out of Saskatchewan in the past 14 days?

Do you live with or have had close contact* with a person with an influenza-like illness (ILI) who had travelled outside of Saskatchewan in the 14 days before their illness started?

Have you had close contact* with a confirmed or probable case of COVID-19?

Printed Name: _____ Signature: _____ Date: _____