

Northview COVID Screening Tool

Please use this form to assess anyone entering a Northview sanctioned event.

Screening Questions

1. Do you have any of the following **new or worsening** symptoms or signs?

- | | | |
|---|------------------------------|-----------------------------|
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion
(in absence of underlying reasons for symptoms such
as seasonal allergies and post nasal drip) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hoarse voice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Do you have a fever?

- Yes No

3. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes No

4. Have you had close contact with anyone with a respiratory illness or a confirmed or probable case of COVID-19?

- Yes No

If the participant answered NO to all questions from 1 through 4 and they do not have a fever, they can enter the event.

If the participant answered YES to any question from 1 through 4, they can not enter the event.