## COVID-19 Screening Questions



## Symptom and exposure screening questions (check all that apply)

Do you have a new onset, or worsening, of any ONE of the owing symptoms?	Yes	No
Fever > 38°C or subjective fever/ chills		
• Cough		
Sore throat/ hoarse voice		
Shortness of breath/ breathing difficulties		
Loss of taste or smell		
Vomiting or diarrhea for more than 24 hours		
If "yes" to any one of the above, DO NOT ENTER		,
Do you have a new onset, or worsening, of any TWO the following symptoms?	Yes	No
Do you have a new onset, or worsening, of any TWO	Yes	No
Do you have a new onset, or worsening, of any TWO the following symptoms?	Yes	No
Do you have a new onset, or worsening, of any TWO the following symptoms?  • Runny nose	Yes	No
Oo you have a new onset, or worsening, of any TWO the following symptoms?  Runny nose  Muscle aches	Yes	No
Oo you have a new onset, or worsening, of any TWO the following symptoms?  Runny nose  Muscle aches Fatigue	Yes	No
Oo you have a new onset, or worsening, of any TWO the following symptoms?  Runny nose  Muscle aches Fatigue  Conjunctivitis (pink eye)	Yes	No
Oo you have a new onset, or worsening, of any TWO the following symptoms?  Runny nose  Muscle aches  Fatigue  Conjunctivitis (pink eye)  Headache	Yes	No
Oo you have a new onset, or worsening, of any TWO the following symptoms?  Runny nose  Muscle aches  Fatigue  Conjunctivitis (pink eye)  Headache  Skin rash of unknown cause	Yes	No

## If "yes" to any two of the above, DO NOT ENTER \*

\* If you have only one symptom in section B and it has been less than 24 hours since it started, stay home and avoid contact with others. Re-evaluate after 24 hours, and use the on-line COVID-19 Screening Tool. <a href="https://sharedhealthmb.ca/covid19/screening-tool/">https://sharedhealthmb.ca/covid19/screening-tool/</a>.

Exposure history		Yes	No
1.	Have you been in close contact (within 2 metres/6 feet for more than 10 minutes total over 24 hours) in the last 14 days with a confirmed COVID-19 case? **		
2.	Have you been exposed to COVID-19 in a work or public setting? **		
3.	Have you traveled outside of Manitoba in the past 14 days and are required to self-isolate (quarantine)? ***		
4.	Has a member of your household been identified as a close contact of a confirmed COVID-19 case, or traveled outside of Manitoba, in the last 14 days and is now sick with COVID-19 symptoms? **		
5.	Are you waiting for COVID-19 testing results?		

If "yes" to any of the above, DO NOT ENTER. Take the online screening tool <a href="https://sharedhealthmb.ca/covid19/screening-tool/">https://sharedhealthmb.ca/covid19/screening-tool/</a>

If the checklist advises you Not to Enter: stay home, isolate and refer to the **online COVID-19 Screening Tool** at <a href="https://sharedhealthmb.ca/covid19/screening-tool/">https://sharedhealthmb.ca/covid19/screening-tool/</a> or call Health Links – Info Santé at 204-788-8200 or toll free at 1-888-315-9257 for further guidance.

Up to date information on COVID-19 can be found at: <a href="www.manitoba.ca/covid19/index.html">www.manitoba.ca/covid19/index.html</a>

<sup>\*\*</sup> Exemptions are in place for close contacts, exposed individuals and household members if they have no symptoms AND are fully immunized or recently infected with COVID-19 (i.e. within the previous six months).

<sup>\*\*\*</sup> Exemptions from self-isolation (quarantine) orders for persons entering Manitoba include some essential workers and those who are fully immunized, if they have no symptoms. International travellers must follow federal self-isolation (quarantine) requirements.