

# COVID-19



## FACILITY CHECK POINT

### Screening Questions

#### 1. Do you have any of the following symptoms?

- Fever (temperature  $\geq 38.0$  Celsius)
- **New** or **worsening** respiratory symptoms **NOT RELATED** to seasonal or environmental allergies, i.e.
  - cough
  - shortness of breath or difficulty breathing
  - sore throat
  - runny nose
- **New onset atypical** symptoms including:
  - chills
  - loss of sense of smell or taste
  - headache
  - aches and pains

#### 2. Have you tested positive for COVID-19?\*

#### 3. In the last 14 days have you:

- Been outside of Canada, including to the United States?
- Had CLOSE contact with a confirmed or probable case of COVID-19? (see definitions)

#### 4. In the last 14 days have you:

- Lived in, visited, or worked in a community or facility deemed an area of concern\*\* for COVID-19?

#### 5. In the last 14 days have you:

- Travelled outside Saskatchewan but within Canada?
- Had NON-close contact with a confirmed or probable case of COVID-19? (see definitions)
- Spent time (more than passing) with people outside your household where you weren't able to maintain physical distance?