



## COVID-19 Self-Assessment

### **Are you experiencing any of the following:**

- severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
- severe chest pain
- having a very hard time waking up
- feeling confused
- lost consciousness

### **Are you experiencing any of the following:**

- short of breath at rest
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your current respiratory illness

**The rest of this assessment will ask you questions to determine whether or not you will require COVID-19 testing.**

### **Do you have any of the following:**

- temperature greater than 38°C or 100.4°F
- cough
- shortness of breath



**In the past 14 days have you had close contact with someone who is confirmed as having COVID-19?**

A close contact is defined as a person who:

- provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (surgical mask or gloves) **OR**
- who lived with or otherwise had close prolonged contact (within 2 meters) with the person while they were infectious **OR**
- had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment (surgical mask or gloves)

**In the past 14 days have you returned from travel to any other locations outside of Canada?**

Travel includes passing through an airport.

**If you have answered “No” to all above questions, please report to your shift. If you have answered “Yes” to any of the above questions we recommend you do not report to your shift and instead report to the nearest health care provider.**