



Screening Questions

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

1. Are you currently experiencing any of these new or worsening symptoms, not related to known causes or conditions that you already have?

- 1. Fever and/or chills
- 2. Cough or barking cough
- 3. Shortness of breath or difficulty breathing
- 4. Decrease or loss of taste or smell
- 5. Muscle aches/joint pain
- 6. Extreme tiredness
- 7. Sore throat

- 8. Runny or stuffy/congested nose
- 9. Headache
- 10. Nausea, vomiting and/or diarrhea

2. Are you required to self-isolate based on current public health guidelines based on your symptoms or someone in your household having symptoms?

This could be because you are symptomatic and presumed covid positive, have tested positive on a rapid antigen test or live with someone who is either symptomatic or tested positive.

• If you are fully vaccinated, you must self-isolate from symptom onset for 5 days or until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) whichever is longer in duration.

• If you are not fully vaccinated or if you are immune compromised, you must self-isolate for 10 days from symptom onset.

3. Have you been identified as a "close contact" of someone outside of your household, who currently has COVID-19 (confirmed by a PCR or rapid antigen test)?

Close contact means that you were in close proximity (less than 2 metres) to the individual for at least 15 minutes or for multiple short periods of time without appropriate measures as masking and use of personal protective equipment.

• If you are fully vaccinated, do not live with the close contact and have no symptoms, answer no and self-monitor for symptoms. Questions 1 and 2 address household and symptom requirements.

• If you are not fully vaccinated and are not living with the person answer yes and isolate for 10 days as required by current public health guidelines.

If exempt from federal quarantine requirements as directed by the border agent at your point of entry (for example, you have two or more doses of a COVID-19 vaccine and have met the specific conditions, or an essential worker who crosses the Canada-US border regularly for work), select "No."

IF YOU ANSWER <u>YES</u> TO ANY OF THESE QUESTIONS, PLEASE <u>DO NOT ENTER</u> THE BUILDING