

Screening Questionnaire for COVID-19

PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS

1. Do you have any of following symptoms: fever/feverish, cough, sore throat, headache or runny nose?

If you answered **YES**, and have only one symptom, then stay home and do not return until you are fully recovered.

If you answered **YES**, and have 2 or more of the symptoms, then self-isolate at home, and call 811.

2. If you have entered **YES** to any of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self-assessment link on the Government of Canada website.

a. Have you had close contact within the last 14 days with a confirmed case of COVID19?

b. Have you had close contact within the last 14 days with a person being tested for COVID-19?

c. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.

d. Have you returned from travel outside of Nova Scotia within the last 14 days?

e. You have been told by public health that you may have been exposed to COVID-19.

novascotia.ca/coronavirus