

**Appendix A: Screening Questionnaire for COVID-19**

**FOR STAFF, CHILDREN, PARENTS/GUARDIANS AND VISITORS: PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS – one questionnaire per person**

*Note: Children or staff who have been identified by their primary care provider as having seasonal allergies or who suffer from chronic runny nose/nasal congestion are not required to be excluded.*

Name: \_\_\_\_\_ ELCF /Summer Camp: \_\_\_\_\_

**For parents/guardians:**

I, \_\_\_\_\_ (parent/guardian) am completing the screening questionnaire for the person named above.

**1. Does the person named above have:**

any 2 of the following symptoms: fever or signs of fever, new cough or worsening chronic cough, runny nose, headache, sore throat, new onset of fatigue, new onset of muscle pain, diarrhea or loss of taste or smell, and in children, purple markings on the fingers and toes?

**If you have answered YES, then the person named above must stay home, contact 811, and not return until clinical evaluation excludes COVID or COVID test is negative. If COVID test is positive, then the individual must stay home and self-isolate for 14 days. Public Health will inform the individual or parent (when child is involved) when isolation may be lifted.**

<https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/PosterCL.pdf>.

**2. If you answer YES to any of the following questions, then the individual named above must stay home and self-isolate for 14 days. If the individual develops symptoms, please refer to the self-assessment link on the Government of New Brunswick webpage.**

**2(b.) does not apply if the criteria described in Appendix D: Exemptions for entry to an ELCF and Summer Camp is met.**

**Note: If you are a parent or caregiver of a child and have direct patient contact work, go to Question 3.**

- a. Has the person named above or anyone in the household had close contact (face to face contact within 2 meters) with a confirmed case of COVID-19 within the last 14 days?

- b. Has the person named above returned from travel outside of New Brunswick within the last 14 days?
- c. Has the person named above or anyone in the household been diagnosed with COVID-19 in the last 14 days?
- d. Has the person named above been told by public health that they may have been exposed to COVID-19?

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**3. For families where parents have direct patient contact work (e.g. Health Care Provider) and answer YES to any of the following questions , then you and your child must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the [self-assessment](#) link on the Government of New Brunswick webpage. 3(b.) does not apply if you meet the criteria described in Appendix D: Exemptions for entry to an ELCF and Summer Camp.**

- a. Has the person named above, or anyone in your household had close contact (face to face contact within 2 meters) with a confirmed case of COVID-19 within the last 14 days, outside of the health care setting?
- b. Has the person named above returned from travel outside of New Brunswick within the last 14 days?
- c. Has the person named above or anyone in the household been diagnosed with COVID-19 in the last 14 days?
- d. Has the person named above been told by public health that they may have been exposed to COVID-19?
- e. (for parents only) Have you had close contact with an individual who is suspect of COVID-19 in the last 14 days while providing direct patient care and you were not wearing proper Personal Protective Equipment (PPE)?

Name of screener: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_