**COVID-19 Screening Checklist CCCI**

**1. Do you have any of the COVID-19 symptoms listed below** (that are not pertaining to a preexisting and/or ongoing condition or diagnosis):• Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
• Cough or barking cough (croup)
• shortness of breath or difficulty breathing
• sore throat/trouble swallowing
• congestion (runny nose, sneezing)
• Decrease or loss of smell or taste
• Nausea, vomiting, diarrhea, abdominal pain
• Not feeling well, extreme tiredness, sore muscles
**You may answer no if:**• you are experiencing a listed symptom if you were vaccinated within the previous 48 hours and began experiencing the symptom(s) only after vaccination. **YES NO**

**2. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
You may answer no if:**
• You live with someone experiencing COVID-19 symptoms or who is waiting for test results after experiencing symptoms and are fully vaccinated and have not been advised to self-isolate by public health.
• You live with someone experiencing mild headache, fatigue, muscle aches, and/or joint pain, so long as symptoms began after vaccination (regardless of vaccination status of the worker). **YES NO**

**3. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19, anyone with COVID-19 symptoms listed above or who has a confirmed or presumptive diagnosis of COVID-19?**
• If public health has advised you that you do not need to self-isolate (for example, you are fully vaccinated or for another reason), select "**No**." If the **answer is yes,** you must stay home until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness. **YES NO**

**4. Have you travelled outside of Canada in the last 14 days and been advised to quarantine per the federal quarantine requirements?**  **YES NO**
**5. In the last 14 days, have you *or anyone you live with* been in close contact with someone who has travelled outside of Canada and has been advised to quarantine per the federal quarantine requirements?**  **YES NO**
**6. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**
• This can be because of an outbreak or contact tracing. **YES NO**

**7. In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?**
• If you have since tested negative on a lab-based PCR test, select "No." **YES NO**

**8. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?**
• If you are fully vaccinated (it has been 14 or more days since your final dose of either a two-dose or a one-dose vaccine series), select "No."
• If you already went for a test and got a negative result, select "No." **YES NO**

**If you answered “YES” to any of the above question, please do not come to the Crossroads/YES TV offices or studios.**

***I will advise Crossroads immediately if I am confirmed positive for COVID-19 within 14 days of visiting the office or meeting with any of the Crossroads or YES TV staff off-site.***

**NAME (Please print) DATE SIGNATURE**

**EMAIL: PHONE**