

Appendix 2 Health Screening Questionnaire

Are you experiencing any of the following symptoms that are unusual to you:

- Fever
- Cough
- Headache
- Muscle and/or joint aches and pains
- Sore throat
- Chills
- Runny nose
- Nasal congestion
- Conjunctivitis
- Dizziness
- Fatigue
- Nausea/vomiting
- Diarrhea
- Loss of appetite (difficulty feeding for children)
- Loss of sense of taste or smell
- Shortness of breath
- Difficulty breathing

Have you been exposed to someone who is under investigation for COVID-19, or has been confirmed as having COVID-19 within the past 14 days?

- Yes
- No

Have you been outside of Saskatchewan in the past 14 days?

- Yes
- No

Have you been denied admission to any facility due to COVID-19 risk in the past 14 days?

- Yes
- No