

# City of Waterloo COVID-19 Health Screening

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional Household member(s) name(s): \_\_\_\_\_

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

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

**1. For individuals 18 years of age or older:**

I have one or more of the following symptoms:

- Fever and/or chills (37.8 degrees Celsius temperature or higher)
- Cough (not related to asthma, COPD, or other known causes)
- Shortness of breath (not related to asthma, or other known causes)
- Sore throat or painful swallowing (not related to seasonal allergies or other known causes)
- Decrease or loss of smell or taste (not related to seasonal allergies or other known causes)
- Pink eye (not related to reoccurring styes or other known causes)
- Runny/stuffy nose (not related to seasonal allergies or other known causes)
- Headache (unusual, long lasting – not related to injury or other known causes)
- Muscle aches (unusual, long lasting – not related to injury, or other known causes)
- Extreme tiredness (unusual, lack of energy – not related to depression or other known causes)

**2. For individuals 17 years of age or under:**

I have one or more of the following symptoms:

- Fever and/or chills (37.8 degrees Celsius temperature or higher)
- Cough (continuous, more than usual, making a whistling sound – not related to asthma or other known causes)
- Shortness of breath (out of breath, unable to breathe deeply – not related to asthma or other known causes)
- Decrease or loss of smell or taste (not related to seasonal allergies or other known causes)
- Sore throat or painful swallowing (not related to seasonal allergies or other known causes)
- Runny/stuffy nose (not related to seasonal allergies or other known causes)
- Headache (unusual, long lasting – not related to injury or other known causes)
- Digestive issues like vomiting, diarrhea, stomach pain (not related to other known causes)
- Extreme tiredness (unusual, lack of energy – not related to depression or other known causes)

**3.** In the last 14 days I have been directed by public health, a doctor, or health care provider to stay at home and self-isolate.

**4.** In the last 14 days, I have been identified as a “close contact” of someone who currently has COVID-19.

**5.** In the last 14 days, I have received a COVID Alert exposure notification on my cell phone. (If you have been tested already and have received a negative result, select “No”.)

**6.** I, or a household member have travelled outside Canada in the last 14 days. (This does not include anyone who exempted from federal quarantine as per Group Exemptions, Quarantine Requirements under the Quarantine Act).

**7.** A household member is experiencing new COVID-19 symptoms and/or waiting for test results after experiencing symptoms.

1 or more of these statement(s) applies to me:

**YES**

**NO**