



Risk Assessment Pre-Screening Questionnaire

To ensure safety of all participants, staff and visitors, pre-screening is in place prior to entering a Community Services program, facility and/or event.

At the start of each session, staff will confirm with the participant that this pre-screening questionnaire has been reviewed prior to attending.

RISK ASSESSMENT: INITIAL SCREENING QUESTIONS

QUESTIONS	SYMPTOMS	CHECK ONE	
1. Do you, other members of your household, or your child attending the program have any of these symptoms? For reference, normal temperatures are: <ul style="list-style-type: none"> • Mouth: 35.5 - 37.5°C (95.9 - 99.5°F) • Underarm: 36.5 - 37.5°C (97.7 - 99.5°F) • Ear (not recommended in infants): 35.8 - 38.0°C (96.4 - 100.4°F) 	Fever >38°C or subjective fever	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Cough	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Sore throat	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Shortness of breath / difficulty breathing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Runny nose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Poor feeding if an infant	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do you, other members of your household, or your child attending the program have any of these other symptoms?	<ul style="list-style-type: none"> • muscle aches • fatigue, • headache • loss of smell, • diarrhea may be present in addition to respiratory symptoms 	<input type="checkbox"/> YES	<input type="checkbox"/> NO

3. Have you been in contact in the last 14 days with someone confirmed to have COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you had laboratory exposure while working directly with specimens known to contain COVID-19?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you travelled outside of Canada in the last 14 days, excluding personal travel to border communities?		<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you been in a large group setting in British Columbia in the last 14 days where someone confirmed to have COVID-19, such as a flight, or a large meeting or event?		<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have you had close contact (face-to-face contact within 2meters/6 feet) with someone who is ill with respiratory symptoms?		<input type="checkbox"/> YES <input type="checkbox"/> NO

If the answer is **yes** to any of the above questions, the person must not enter the facility at this time.

If the answer is **yes** to questions 2 to 4, public health officials have directed them to self-isolate for 14 days. If they are symptomatic [e.g., have respiratory symptoms] refer to www.healthlinkbc.ca.

If the answer is **yes** to questions 5 and 6, public health officials have directed them to self-isolate for 14 days from the onset of symptoms.

If the answer is **no** to all the above questions, participant, and/ or visitor and/ or spectator can participate/ enter the facility.

Sites: cdcinfo@gov.mb.ca, www.healthlinkbc.ca

Name of Participant

Name of Parent/Guardian

Signature

Date