



CANADIAN COAST GUARD AUXILIARY

CENTRAL AND ARCTIC REGION

COVID SCREENING QUESTIONNAIRE

26-May-22

SCREENING QUESTIONS	YES	NO
Fever/Chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/>	<input type="checkbox"/>
Cough/Sore Throat/Runny Nose/Nasal Congestion Not related to other known causes (for example asthma/seasonal allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Breathing/Shortness of Breath Out of breath, unable to breathe deeply, not related to other known causes (for example asthma)	<input type="checkbox"/>	<input type="checkbox"/>
Headache Not related to other known causes (for example tension headache or chronic migraine)	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of taste/smell Not related to other known causes or conditions (for example neurological disorders)	<input type="checkbox"/>	<input type="checkbox"/>
Digestive issues: Nausea/Vomiting/Diarrhea Not related to other known causes (for example IBS, menstrual cramps)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches/joint pain Not related to other known causes or conditions (for example sudden injury, arthritis, fibromyalgia)	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in the household had a positive COVID-19 Test in the last 5 or 10 days*	<input type="checkbox"/>	<input type="checkbox"/>
If you had a positive test or live with someone who is isolating or awaiting test results select "Yes"		

If there is mild tiredness, sore muscles or joints within 48 hours after a COVID-19 Vaccine, select **"NO"**

If you have answered **"YES"** to any of these questions, stay at home and self isolate, members of your household must also self isolate*.

Anyone who is sick or has any symptom of illness, should stay at home and seek assessment from their Healthcare Provider if needed.

*Use 5 days: if person is fully vaccinated or 11 years or younger. Use 10 days: if person is 12 years or older and not fully vaccinated or immune compromised; or at a high risk congregate setting

CONTACT TRACING INFO:

First Name: _____

Last Name: _____

Primary Number: _____

Date: _____