

## Move-in 2020 Screening Questionnaire to be completed at curbside key pickup

Risk Assessment: Initial Screening Questions for arriving students/families:

1.	Do you (resident) or anyone helping to move you in, have any of the below symptoms:	Circle One	
		YES	NO
	<ul style="list-style-type: none"> <li style="width: 50%; margin-right: 50%;">• Difficulty breathing</li> <li style="width: 50%;">• Sore throat</li> <li style="width: 50%; margin-right: 50%;">• Fatigue</li> <li style="width: 50%;">• Diarrhea</li> <li style="width: 50%; margin-right: 50%;">• Cough</li> <li style="width: 50%;">• Nausea</li> <li style="width: 50%; margin-right: 50%;">• Loss of appetite</li> <li style="width: 50%;">• Loss of sense of smell</li> <li style="width: 50%; margin-right: 50%;">• Muscle aches</li> <li style="width: 50%;">• Fever</li> </ul>		
2.	<p>Are you experiencing any of these other symptoms right now?</p> <p>We are asking about these symptoms because they <u>may</u> be associated with COVID-19. By not selecting a symptom, you indicate that you (and anyone helping you move in) are not experiencing any symptoms.</p> <ul style="list-style-type: none"> <li style="width: 50%; margin-right: 50%;">• Headache</li> <li style="width: 50%;">• Nasal Congestion</li> <li style="width: 50%; margin-right: 50%;">• Vomiting</li> <li style="width: 50%;">• Hoarse Voice</li> <li style="width: 50%; margin-right: 50%;">• Chills</li> <li style="width: 50%;">• Skin Rash</li> <li style="width: 50%; margin-right: 50%;">• Sneezing</li> <li style="width: 50%;">• Blisters</li> </ul>	YES	NO
3.	Have you or anyone helping to move you in travelled outside of Canada in the last 14 days or been in close contact with someone who has?	YES	NO
4.	Have you or anyone helping to move you in had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	YES	NO
5.	Have you or anyone helping to move you in been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19?	YES	NO

If any of the above questions are answered “YES,” the resident it not able to proceed with moving in.

If all questions are answered “NO,” the resident may proceed with moving in as usual. Just a reminder that residents and anyone helping to move in are required to wear masks and practice proper hand hygiene.

Thank you for your understanding and cooperation!

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_