DAILY COVID-19 SELF-ASSESSMENT

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, DO NOT COME TO CAMPUS.

Question 1: Do you have any of the following symptoms?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that’s new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat (not related to seasonal allergies or other known causes or conditions)
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that’s unusual or long lasting
- Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other causes or conditions).
- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite

Question 2: In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Close physical contact means:
- Being less than 2 metres away in the same room, workspace of area
- Living in the same home

Question 3: In the last 14 days, have you been in close physical contact with someone who is either:

- Is currently sick with new COVID-19 symptoms (like a cough, fever, or difficulty breathing)?
- Returned from outside of Canada in the last 2 weeks with new COVID-19 symptoms (like a cough, fever, or difficulty breathing).

Close physical contact means:
- Being less than 2 metres away in the same room, workspace of area
- Living in the same home

Question 4: Have you travelled outside of Canada in the past 14 days?