COVID-19 QUESTIONNAIRE / SYMPTOM SCREENING TOOL

Concordia University Health Services

Answer the following questions. If you answer "Yes" to **ANY** of the questions, advise a service assistant at the front desk that you need to speak with a nurse or doctor regarding your screening tool.

Do you have the following symptoms?

Fever, chills or feel feverish	☐ No	☐ Yes
Sudden loss of smell (without nasal congestion) with or without loss of taste	☐ No	☐ Yes
Cough (new or worsening chronic cough)	☐ No	☐ Yes
Difficulty breathing or shortness of breath	☐ No	☐ Yes
Sore throat	☐ No	☐ Yes

In the last 14 days have you:

Been diagnosed with COVID-19?	☐ No	☐ Yes
Been advised by Public Health to quarantine?	☐ No	☐ Yes
Traveled outside of Canada?	☐ No	☐ Yes
Been in contact with a confirmed case of COVID-19?	☐ No	☐ Yes

Answer the following question. If you answer "Yes" to **2 or more** of the symptoms, advise a service assistant at the front desk that you need to speak with a nurse or doctor regarding your screening tool.

Do you have the following symptoms?

Headache	☐ No	☐ Yes
Intense fatigue of unknown cause	☐ No	☐ Yes
Abdominal pain	☐ No	☐ Yes
Nausea or vomiting	☐ No	☐ Yes
Diarrhea	☐ No	☐ Yes
Muscle aches (not related to physical activity)	☐ No	☐ Yes
Important loss of appetite	☐ No	☐ Yes

Thank you!

Last updated: July 30th 2021