

Screening Questionnaire

Members and leaders must use this questionnaire prior to each meeting to decide if they should attend.

Parents/Guardians should complete the screening on behalf of their child.

COVID-19 INFORMATION



CANADA
4-H Newfoundland
and Labrador

Risk assessment: initial screening questions		Circle One	
1.	Do you (leader or member) have any of the following symptoms (new or worsening): <ul style="list-style-type: none"> • Fever (or signs of fever, including chills, sweats, muscle aches, lightheadedness) • Cough • Sore throat • Headache • Runny Nose • Painful Swallowing • Diarrhea • Unexplained loss of appetite • Loss of sense of taste or smell 	Yes	No
2.	Have you, or anyone in your household (excluding asymptomatic rotational workers), traveled in the last 14 days outside of the province?	Yes	No
3.	Have you or anyone in your household been in close contact, in the last 14 days, with a person suffering from acute respiratory illness who has travelled outside of the identified areas within 14 days prior to illness onset?	Yes	No
4.	Have you or anyone in your household been in close contact with a known or suspected case of COVID-19 in the last 14 days?	Yes	No

If you have answered “Yes” to any of the above questions, please DO NOT attend the meeting at this time. The leader/member should stay home and use the Covid-19 Self-Assessment Tool.

If you have answered “No” to all the above questions, the leader/member may attend the meeting.

For more information visit gov.nl.ca/covid-19