

**Risk Assessment: Initial Screening Questions**

	<b>A. Do you have new onset or worsening of any of the following symptoms?</b>		
	• Fever > 38°C or subjective fever/ chills	Yes	No
	• Cough	Yes	No
	• Sore throat/ hoarse voice	Yes	No
	• Shortness of breath/ breathing difficulties	Yes	No
	• Loss of taste or smell	Yes	No
	• Vomiting or diarrhea for more than 24 hours	Yes	No
	<b>B. Do you have new onset or worsening of 2 or more of any of the following symptoms?</b>		
	• Runny nose	Yes	No
	• Muscle aches	Yes	No
	• Fatigue	Yes	No
	• Conjunctivitis (pink eye)	Yes	No
	• Headache	Yes	No
	• Skin rash of unknown cause	Yes	No
	• Nausea or loss of appetite	Yes	No
	• Poor feeding if an infant	Yes	No
If screen positive for one symptom listed in A, or two symptoms in B, consider symptomatic.			
1.	Have you been in close contact in the last 14 days with someone that is confirmed to have COVID-19?	Yes	No
2.	Have you had laboratory exposure while working directly with specimens known to contain COVID-19?	Yes	No
3.	Have you been exposed to COVID-19 in a work or public setting in the last 14 days? (e.g. a setting that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, at a workplace or in a community with a cluster of cases, or at an event?)	Yes	No
4.	Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?	Yes	No
5.	Have you travelled outside of Manitoba in the last 14 days?	Yes	No
6.	A. In the last 14 days has anyone living in your household travelled outside of Manitoba?	Yes	No
	<b>If NO, continue to question 7</b>		
	<b>B. If YES to 6A, is your household traveler exempt from requirements to self-isolate (quarantine)?</b>	Yes	No
	Exemptions are posted on <a href="https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#ua">https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html#ua</a> and <a href="https://www.gov.mb.ca/covid19/soe.html">https://www.gov.mb.ca/covid19/soe.html</a>		
	<b>Regardless of answer to 6B, continue to 6C.</b>		
	<b>C. Have you been in close contact (i.e. being less than 2 meters away in the same space for over 15 minutes) with the household traveler in the last 14 days since their return from travel?</b>	Yes	No
7.	If symptomatic: Do you or the person you are inquiring about have a chronic health condition that you are concerned about?	Yes	No
8.	If asymptomatic: Is a member of your household sick with COVID-19 symptoms, and they are not known to be exposed to COVID-19?	Yes	No
9.	If asymptomatic: Has a member of your household been identified as a close-contact and instructed to self-isolate by public health officials, and they are not able to isolate from you?	Yes	No
10.	If asymptomatic based on only one group B symptom: Do you have a new onset or worsening of only one of the following group B symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, skin rash of unknown cause, nausea or loss of appetite, or poor feeding if an infant?	Yes	No
11.	If no exposures, follow advice based on presence or absence of symptoms.	Yes	No