

Appendix A: COVID-19 Pre-screening Questionnaire

This checklist may be used to assess contractors, clients and visitors requesting access to Government of Saskatchewan buildings prior to being permitted to enter.

The Government of Saskatchewan is committed to understanding the needs of the citizens it serves. To ensure a healthy and safe environment, you are being asked to complete a COVID-19 Screening Checklist. If you are a client seeking government services, please note that services will still be offered in an alternative format if you do not pass screening.

Note: This checklist provides basic screening information only. It is not intended to take the place of medical advice, diagnosis or treatment.

1. Do you have any of the following symptoms: fever/feverish, new or existing cough, sore throat and/or difficulty breathing?
 - a. Yes
 - b. No

2. Have you travelled internationally within the last 14 days (i.e. outside of Canada)?
 - a. Yes
 - b. No

3. Have you had close contact with a confirmed or probable COVID-19 case, that you are aware of?
 - a. Yes
 - b. No

4. Have you had close contact¹ with a person with acute respiratory illness who has been outside Canada in the last 14 days?
 - a. Yes
 - b. No

¹ Close contact is defined as a person who:

- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar physical contact without consistent and appropriate use of personal protective equipment OR
- Who lived with or otherwise had close prolonged contact (within 2 meters) with the person while they were infectious OR
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

- If the individual has **answered NO to ALL of the screening questions** and if the individual visually appears to be healthy, they have **passed the screening and could be permitted to enter the building** if required.

- If the individual has answered **YES to ANY of the screening questions**, or **refuse to answer**, they are **not permitted to enter the building**. Services are to be provided in a manner other than face-to-face.

By signing below, I certify all answers provided are true and correct to the best of my knowledge.

Name: _____

Date: _____

Signature: _____