



## Kingston Flying Club Coronavirus/COVID-19 Questionnaire

This screening tool is based on the latest Coronavirus/COVID-19 case definitions and the Coronavirus disease (Coronavirus/COVID-19) situation reports published by the World Health Organization. This document provides basic information only. It is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis or treatment. Where the document includes references to legal requirements, it is not to be construed as legal advice.

In order to ensure a safe and secure environment for vulnerable individuals, only staff (e.g., employees, volunteers, agency staff) and essential visitors (See definition below) should be permitted entry into the Kingston Flying Club.

Essential visitors include but not limited to:

- Performing essential support services (e.g. sanitation workers, maintenance personnel, construction workers, safety inspectors, city employees)
  
- Parent or Guardians of students who have not reached the age of minority

At a minimum, the following questions should be used to screen individuals for Coronavirus/COVID-19 before they are permitted entry into the Club. This tool can be adapted based on any new information regarding the transfer of Coronavirus/COVID-19.

Anyone who does not pass screening should be told so and should not enter the building or remain in the screening area or common areas on the building property.

Once an individual has passed the screening questions below and is able to enter the club they should use hand sanitizer and be provided with a mask and the appropriate personal protective equipment (PPE), as required/recommended. They also should be advised to self-monitor in the days following a visit and report any symptoms as soon as possible to the Kingston Flying Club.

**IN EMERGENCY SITUATIONS EMERGENCY FIRST RESPONDERS SHOULD BE PERMITTED ENTRY WITHOUT SCREENING.**

**Screening Questions**

**Temp (°C):** \_\_\_\_\_

1. Do you have any of the following **new or worsening** signs or symptoms?
- New or worsening cough  YES  NO
  - Shortness of breath  YES  NO
  - Sore throat  YES  NO
  - Runny nose, sneezing or nasal congestion  YES  NO  
(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)
  - Hoarse voice  YES  NO
  - Difficulty swallowing  YES  NO
  - New smell or abnormal change in taste  YES  NO
  - Nausea/vomiting, diarrhea, abdominal pain  YES  NO
  - Unexplained fatigue/malaise  YES  NO
  - Chills or body aches  YES  NO
  - Headache  YES  NO
2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?  YES  NO
3. Do you have a fever?  YES  NO
4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of Coronavirus/COVID-19  YES  NO
5. Have you been in a setting in the last 14 days that has been identified by public health as a higher risk for acquiring Coronavirus/COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?  YES  NO
6. Have you tested positive for Coronavirus/COVID-19  YES  NO **or** had close contact with a confirmed case of Coronavirus/COVID-19?

If response to <b>ALL</b> of the screening questions is <b>NO</b> :	<b>COVID screen Negative</b>
If response to <b>ANY</b> of the screening questions is <b>YES</b> :	<b>COVID screen Positive</b>

**DATE:** \_\_\_\_\_

**CLIENT:** \_\_\_\_\_

**STAFF:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_