



NLCC COVID Screening Tool

Use to assess all attendees before they enter the event.

Upon arrival, attendees are required to check-in for contact tracing.

1. Are you experiencing any of the following new or worsening symptoms?

- | | |
|---|--|
| <input type="checkbox"/> Fever ($> 37^{\circ}\text{C}$) | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Cough or worsening chronic cough | <input type="checkbox"/> Difficulty breathing, shortness of breath |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Runny or stuffy nose (<i>in absence of underlying causes</i>) |
| <input type="checkbox"/> Loss of smell or taste | <input type="checkbox"/> Headache, confusion or dizziness |
| <input type="checkbox"/> Unusual fatigue | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Diarrhea, nausea, or vomiting | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Abdominal pain | |

2. In the last 14 days have you or anyone in your household travelled to any countries outside Canada (including the United States)?

- ☐ Yes ☐ No

3. In the last 14 days did you or anyone in your household provide care or have close contact with someone with confirmed COVID-19?

- ☐ Yes ☐ No

If the participant answered **NO** to every question they are allowed to participate at the event.

If the participant answered **YES** to any of the above questions they are not allowed to participate at the event and should contact 8-1-1 or a health provider for more information.

This document is only to be used as an internal NLCC assessment tool and not to diagnose COVID-19. If you believe you have COVID-19 please complete an [online BC Self-Check](#) or call 8-1-1.