



## COVID-19 SCREENING QUESTIONNAIRE

Questions:		Decision Protocol:
<b>1. Do you have of the below symptoms?</b>		If you have answered Yes to Question 1, you should self-isolate at home immediately and contact local public health authority for further guidance.  Do not visit a hospital, physician's office, lab or healthcare facility without speaking to the local public health authority first.
A fever greater than 37.8 C:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New onset of cough or worsening of chronic cough:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New or worsening shortness of breath:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
New or worsening difficulty breathing:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sore throat:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Runny Nose:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>2. Have you had chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, fatigue or severe exhaustion, nausea, vomiting, diarrhea or unexplained loss of appetite, loss of sense of smell or taste or conjunctivitis (pink eye) <b>not related</b> to a pre-existing medical condition in the last 24 hours?</b>		If you answer Yes to Question 2 – please self-isolate and monitor your symptoms. Please return to class after 14-days and are symptom free OR when you have been provided clearance from public health.
<b>3. Have you or anyone in your household traveled outside of Canada in the last 14 days?</b>		If you answer Yes to Question 3 regarding travel outside Canada – please return to school after you have completed a 14-day quarantine and are symptom free.
<b>4. Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?</b>		If you answered to YES Question 4, 5, 6 please return to class when you are outside the 14-day timeframe period OR when you have been provided clearance from public health.
<b>5. Are you currently being investigated as a suspected case of COVID-19?</b>		
<b>6. Have you tested positive for COVID-19 within the last 14 days?</b>		

- If you answered **NO** to all of the screening questions please attend class today.
- If you have answered **YES** to any of the above questions: Please **DO NOT** attend class today.

I understand that I may not be able to participate in the class if I do not meet the pre-screening criteria upon physical presentation at the school. I understand that although my school is following all the health and safety guidelines outlined by their governing body and the Provincial Health Officer, there are no guarantees and that I understand the risks associated with close contact with others. By signing this I indemnify Vancouver Academy of Dramatic Arts, including their instructors and staff, if I contract the COVID-19 virus as a result of attending classes.

I understand that Vancouver Academy of Dramatic Arts is under no obligation to compensate me for any classes I am unable to attend due to illness or displaying symptoms of COVID-19.

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_