

WHITE RIVER FIRST NATION

P.O. Box 2 – Beaver Creek, YT – Y0B 1A0
Phone: (867)862-7802 | Fax: (867) 862-7806



Date: _____

COVID-19 Screening Questions

Name: _____ Phone Number: _____

To help us prevent the spread of COVID-19, we ask you to read this carefully and answer the questions below. Please act accordingly following the screening questions.

For question about symptoms, please refer to the list of symptoms in the box below. If “yes” is answered to any of questions 1-4, do not enter the site, contact your manager (employees only) and the local public health authority.

EXAMPLES OF SYMPTOMS INCLUDE THE NEW ONSET OF:

1. Are you **experiencing any symptoms**?

Yes No

2. Has anyone in **your household** experienced any **symptoms** in the past 14 days? (*Note: if the symptomatic person in your household has received a negative COVID-19 test results, please answer “no”.*)

Yes No

3. In the past 14 days, have you been identified as a **close contact** of someone with **suspected** or **confirmed** COVID-19?

Yes No

4. Have you **travelled outside Canada** in the past 14 days or **been in contact** with anyone who has travelled outside Canada in the past 14 days?

Yes No

- New/worsening
COUGH
- Shortness of
breath/difficulty
breathing
- Fever (over 38C)
- Chills
- Fatigue/Weakness
- Body Aches
- Headache
- Loss of smell/taste
- Gastrointestinal
symptoms
- Feeling very unwell

If “Yes” is answered to any of questions 1-4, DO NOT enter the site.

Signature: _____