



# FIRST COLLEGE

**KELOWNA CAMPUS**

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## APPENDIX B - Covid Screening Form

STUDENTS/STAFF/VOLUNTEER/VISITOR MUST USE THIS QUESTIONNAIRE DAILY TO DECIDE IF  
ATTENDANCE IS PERMITTED

Risk Assessment: Initial Screening Questions

1.	Do you have any of the below symptoms:	CIRCLE ONE	
		YES	NO
	Fever	YES	NO
	Cough	YES	NO
	Shortness of Breath / Difficulty Breathing	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Runny Nose / Nasal Congestion	YES	NO
	Feeling unwell / Fatigued	YES	NO
	Nausea / Vomiting / Diarrhea	YES	NO
	Unexplained loss of appetite	YES	NO
	Loss of sense of taste or smell	YES	NO
	Muscle/ Joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis (Pink Eye)	YES	NO
2.	Have you, or anyone in your household, returned from travel outside of Canada in the last 14 days?	YES	NO
3.	Have you had close unprotected* contact (face-to-face contact within 2 metres) with someone who is ill with a cough and/or fever?	YES	NO
4.	Have you or anyone in your household been in close unprotected* contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
5.	Temperature taken: _____ (Lower than 38 °c)		

\* “unprotected” means close contact without appropriate personal protective equipment (PPE).

If you have answered “Yes” to any of questions from 1 to 4, please **DO NOT** enter the College at this time, the Student Service Department (for students, volunteers and visitors) or the Director Office (for staff) will contact you to follow up. If you have answered “No” to all the above questions, you may attend College. Please submit this form to the First College Information Centre when you enter the College.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Signature:** \_\_\_\_\_