



## COVID-19 PRE-TRIAGE QUESTIONNAIRE FOR GROUP ACTIVITIES

Please ask each person the following questions before allowing entry into the activity.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Activity: \_\_\_\_\_

Date of the activity: \_\_\_\_\_

**1 Do you have one of the following symptoms of COVID-19 and its variants? (check if any present)**

YES

NO

Fever

Cough

Shortness of breath

Sudden loss of smell or taste

Sore throat

Runny nose

**2 Do you have at least two of the following symptoms of COVID-19 and its variants?**

*(check if any present)*

YES

NO

Muscle pain all over

Feeling more tired than usual

Major loss of appetite

Headache

Earache

Abdominal pain

Nausea or vomiting

Diarrhea

**3 Have you been tested for COVID-19 and its variants, and still waiting for result?**  YES  NO

**4 In the past 14 days, have you been in close contact<sup>1</sup> with someone who is a confirmed case of COVID-19 and its variants?**  YES  NO

**5 In the past 14 days, have you been in close contact<sup>1</sup> with a person under investigation<sup>2</sup> for COVID-19 and its variants, and who is currently in isolation?**  YES  NO

**6 Are you currently in isolation at the request of Public Health or a CMC?**  YES  NO

**7 Are you currently in isolation as per CNG Mandatory Self -Isolation Law (MSIL)?**  YES  NO

<sup>1</sup> Close contact: Contact of > 15 minutes, at < 2 meters/6 feet with a confirmed or suspected case of COVID-19 and its variants (without a medical mask)

<sup>2</sup> Person under investigation (PUI): Person presenting symptoms compatible with COVID-19 and its variants, and waiting for test result

**IF A PERSON ANSWERS YES TO ANY OF THE QUESTIONS 1 TO 6, CONTACT YOUR LOCAL CMC.**

\_\_\_\_\_  
Signature of the person who did pre-triage

\_\_\_\_\_  
Date