



COVID-19 SCREENING QUESTIONS

ANSWER PRIOR TO ENTRY

1. Do you have any of the following symptoms: severe difficulty breathing (e.g., struggling for each breath, speaking in single words), chest pain, confusion, extreme drowsiness or loss of consciousness?
2. Do you have shortness of breath at rest or difficulty breathing when lying down?
3. Do you have a new onset of any of the following symptoms: fever/chills, cough, sore throat/hoarse voice, shortness of breath, loss of taste or smell, vomiting, or diarrhea for more than 24 hours?
4. Do you have a new onset of 2 or more of any of the following symptoms: runny nose, muscle aches, fatigue, conjunctivitis (pink eye), headache, skin rash of unknown cause or nausea or loss of appetite?
5. Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19?
6. Have you been in a setting in the last 14 days that has been identified by public health as a risk for acquiring COVID-19, such as on a flight, in a workplace with a cluster of cases, or at an event?
7. Have you travelled outside of Manitoba in the last 14 days, excluding travel to Western Canada, the territories or Ontario west of Terrace Bay?

If you have answered “no” to all of these, you may enter the building and sign in at the reception desk.

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