



COVID-19 Health Screening Questions

Health Survey

Please read the following health-related questions for you and everyone in your party:

- 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?
- Do you have shortness of breath at rest or difficulty breathing when lying down?
- Do you have a new onset of 2 or more OR a worsening of any 1 of the following symptoms: runny nose, muscles aches, fatigue, conjunctivitis (pink eye), headache, skin rash of unknown cause, or nausea or loss of appetite?

Contact & Travel History

Please read the following contact and travel related questions you and everyone in your party:

- Have you been in contact in the last 14 days with someone that is confirmed to have COVID-19 or is a member of your household sick with COVID-19 symptoms but without knowledge of exposure to COVID-19?
- Have you been in a setting in the last 14 days that has been identified as a risk for acquiring COVID-19 such as on a flight, in a workplace or community with a cluster of cases, or at an event?
- Have you received a notification on the COVID Alert app that you may have been exposed to COVID-19?
- Has a member of your household been identified as a close-contact and instructed to self-isolate by public health officials, and they are not able to isolate from you?
- Are you over the age of 12 years and NOT fully vaccinated?

**If you answered NO to all above questions, you may enter the
Bruce D. Campbell Farm and Food Discovery Centre.**

Follow us on...

Facebook: @FarmandFoodDiscoveryCentre

Twitter & Instagram: @UMDiscoveryCtr



**University
of Manitoba**