

## Required Screening Questions

please fill in and send back to me – email is fine  
circle answers and add details to bottom

1. Do you have any of the following new or worsening symptoms or signs?

1. Symptoms should not be chronic or related to other known causes or conditions.
2. Fever or chills ♦ Yes ♦ No
3. Difficulty breathing or shortness of breath ♦ Yes ♦ No
4. Cough ♦ Yes ♦ No
5. Sore throat, trouble swallowing ♦ Yes ♦
6. No Runny nose/stuffy nose or nasal congestion ♦ Yes ♦ No
7. Decrease or loss of smell or taste ♦ Yes ♦ No
8. Nausea, vomiting, diarrhea, abdominal pain ♦ Yes ♦ No
9. Not feeling well, extreme tiredness, sore muscles ♦ Yes ♦ No
10. Have you travelled or had contact with any person from outside of Canada in the past 14 days? ♦ Yes ♦ No
11. Have you traveled or had contact with outside of kingston region in the past 14 days? ♦ Yes ♦ No
12. Have you had close contact with a confirmed or probable case of COVID-19? ♦ Yes ♦ No
13. has your work place been closed or reduced hours due to possible covid exposure in the last 14 days? ♦ Yes ♦ No

Thank you for contacting us at Corner Stone Farm. We are looking forward to hearing back from you.

Cathy Colwell- McAllister, [Corner-Stone-Farm.com](http://Corner-Stone-Farm.com)