



Youth BIOlab COVID-19 Screening Form

Please fill out this form the morning of your Youth BIOlab field trip.

The following are COVID-19 symptom and screening questions. Please answer as accurately as possible and inform your teacher of your responses.

Do you have ANY of the following symptoms?	Yes	No
Fever > 38°C or chills		
Cough		
Sore throat/hoarse voice		
Shortness of breath/difficulty breathing		
Loss of taste or smell		
Vomiting or diarrhea for more than 24 hours		
If "Yes" to ANY of the above, please stay home.		

Do you have TWO OR MORE of the following symptoms?	Yes	No
Sore muscles not related to exercise		
Runny nose		
Skin rash of unknown cause		
Fatigue		
Nausea or loss of appetite		
Unusual headache		
Conjunctivitis (pink eye)		
If "Yes" to TWO of the above, please stay home.		

Have you	Yes	No
Tested positive for COVID-19 in the last 5 days or had any of the above symptoms start within the last 5 days and you are fully vaccinated?		
Tested positive for COVID-19 in the last 10 days or had any of the above symptoms start within the last 10 days and you are not fully vaccinated?		
Been told to self-isolate?		
Traveled outside of Manitoba in the past 10 days?		
If "Yes" to ANY of the above, please stay home.		