

All students, employees and visitors will be subject to screening spot checks across campus by assigned Safety Ambassadors. You must complete this form every day that you attend campus (buildings or properties). Use of this form requires verification of your approved status by a Safety Ambassador (or for employees, a supervisor or manager) stationed at designated building entrances. You may not enter a campus building through any other entrance or proceed past the QR code scanner without verification if using this paper copy.

Name: _____

Email: _____

Contact #: _____

Date Questionnaire was completed: _____

If you are currently experiencing any of these issues, call 911 or go to your nearest emergency department:

- Severe difficulty breathing (struggling for each breath, can only speak in single words)
- Severe chest pain (constant tightness or crushing sensation)
- Feeling confused or unsure of where you are
- Losing consciousness

I am a: **Student** **Faculty** **Staff** **Contractor** **Visitor**

VACCINE STATUS (Check one):

OPTION 1

- I am fully vaccinated; **or**
- I am partially vaccinated and participating in COVID-19 rapid testing in accordance with the vaccination policy, in which I have received a negative result within the last 72 hours; **or**
- I am not vaccinated, and I am participating in COVID rapid testing in which I have received a negative result within the last 72 hours because one of the following applies:
 - » I have received an approved exemption in accordance with the vaccination policy; **or**
 - » I have submitted an exemption request in accordance with the vaccination policy and I am awaiting a determination of my request

Please indicate Vaccine Attestation Confirmation Code here: _____

To submit your attestation and to obtain your confirmation code, visit: uwindsor.ca/vaccine

OPTION 2

- I am partially vaccinated and not participating in COVID-19 rapid testing
- I am not vaccinated and do not have an approved COVID-19 vaccination exemption
- I prefer not to disclose my vaccine status

Notice of Disclosure: The University of Windsor is committed to the protection of privacy and confidentiality of all its constituency. The purpose of this data collection is related directly to the administration of a safe return to campus program. More information: www.uwindsor.ca/returntocampus/privacy

SELF-ASSESSMENT QUESTIONS

1. Are you currently experiencing any of these symptoms, not related to seasonal allergies or other known causes or conditions? Select YES if any apply. **Yes** **No**

- | | |
|---|---|
| • Fever (feeling hot to touch, a temperature of 37.8 degrees Celsius or higher) and/or chills | • Cough, or barking cough (croup), that is new or worsening (continuous, more than usual) |
| • Shortness of breath (out of breath, unable to breathe deeply) | • Decrease or loss of taste or smell |
| • Muscle aches / joint pain - unusual or long lasting | • Extreme tiredness that is unusual (fatigue, lack of energy) |
| • Sore throat - painful or difficulty swallowing | • Runny or stuffy/congested nose |
| • Headache - new, unusual, long-lasting | • Nausea, vomiting and/or diarrhea |

If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

2. In the last 10 days, have you or anyone in your household tested positive for COVID-19 (on a rapid antigen or PCR test)? Yes No

If clearance is provided by the University Health & Safety office after consultation with public health or other authorities, select "No".

3. In the last 10 days, have you or anyone in your household been identified as a "close contact" of someone who currently has COVID-19, or had known contact with someone that currently has COVID-19? Yes No

*This question does not apply to health care workers who wear Personal Protective Equipment in health care settings.

Close contact means: being less than 2 metres away for at least a cumulative duration of 15 minutes in a 24-hour period or living in the same home.

If clearance is provided by the University Health & Safety office after consultation with public health or other authorities, select "No".

4. In the last 10 days, have you or anyone in your household been sick with symptoms associated with COVID-19 as listed in Question 1? Yes No

If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No".

If clearance is provided by the University Health & Safety office after consultation with public health or other authorities, select "No".

5. Are you, or anyone in your household, currently awaiting COVID-19 test results? Yes No

6. In the last 14 days, have you or anyone in your household travelled outside of Canada AND been told to quarantine per the federal quarantine requirements? Yes No

*If you or anyone you live with are exempted from federal quarantine as per [Group Exemptions, Quarantine Requirements under the Quarantine Act](#), select "No". If clearance is provided by the University Health & Safety office after consultation with public health or other authorities, select "No".

7. Has a health care provider, public health unit, or University Health and Safety office told you that you should currently be isolating or staying at home? Yes No

8. In the last 10 days, have you received a COVID Alert response notification on your cell phone? Yes No

SELF-ASSESSMENT RESULTS (BADGE)

If you answered YES to ANY of the above questions and/or selected Option 2 in vaccine status box:

DENIED: Do not proceed to campus

Stay home and self-isolate. Complete the [Ontario COVID-19 self-assessment online](#) at and follow the directions provided, or contact a health care provider, Telehealth, or Windsor-Essex County Health Unit for further direction. Report illness/absence per the University's illness reporting protocols. Follow public health and University directions on next steps.

Staff/Faculty: "Denied" results must be sent to the supervisor or department and illness or absence reported as per the [University's reporting protocols](#).

Students: For more information on how to report an illness/absence, [click this link](#).

If you answered NO to ALL questions and selected Option 1 in vaccine status box:

APPROVED: Proceed to campus

You have completed the COVID-19 self-assessment, and based on your answers you are approved to proceed to campus. Please monitor your health and if your conditions change, take the self-assessment again. Your approval will expire after 24 hours, and you will have to take the self-assessment again.

Staff/Faculty: You must forward your "Approved" Green badge to your supervisor/department when attending campus.

Students: Your professor or other authorized university personnel may request to see your completed daily self-assessment prior to admitting you to the classroom or other spaces on campus.

*** Save or Print Your Results and Forward as Appropriate**