Indigo Rain Flower Farm Covid-19 Self Assessment

1. Are you currently experiencing any of these issues? Call 911 if you are.
   - ☐ 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
2. Are you currently experiencing any of these symptoms?
   Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.
   - ☐ Fever and/or chills
     Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
   - ☐ Cough or barking cough (croup)Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)
   - ☐ Shortness of breath
     Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)
   - ☐ Sore throat
     Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
   - ☐ Difficulty swallowing
     Painful swallowing (not related to other known causes or conditions you already have)
   - ☐ Runny or stuffy/congested nose
     Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
   - ☐ Decrease or loss of taste or smell
     Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
   - ☐ Pink eye
     Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
   - ☐ Headache
     Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)
   - ☐ Digestive issues like nausea/vomiting, diarrhea, stomach pain
     Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
   - ☐ Muscle aches
     Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)
   - ☐ Extreme tiredness
     Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
   - ☐ Falling down often
     For older people

3. Are you in any of these at-risk groups?
    - ☐ Getting treatment that compromises (weakens) your immune system
      (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
    - ☐ Having a condition that compromises (weakens) your immune system
      (for example, lupus, rheumatoid arthritis, immunodeficiency disorder)
    - ☐ Having a chronic (long-lasting) health condition
      (for example, diabetes, emphysema, asthma, heart condition, COPD)
    - ☐ Regularly going to a hospital or health care setting for a treatment
      (for example, dialysis, surgery, cancer treatment)
4. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?
    - ☐ Yes
    - ☐ No
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?
   If you already went for a test and got a negative result, select "No."
    - ☐ Yes
    - ☐ No
6. In the last 14 days, have you been in close physical contact with someone who either:
    - ☐ is currently sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19?
      or

   returned from outside of Canada in the last 2 weeks?
   Close physical contact means any of the following while not wearing the appropriate personal protective equipment (PPE):
    - ☐ being less than 2 metres away in the same room, workspace, or area
    - ☐ living in the same home
    - ☐ being in the same classroom
7. In the last 14 days, have you travelled outside of Canada?
   If you are an essential worker who crosses the Canada-US border regularly for work, select “No.”
    - ☐ Yes
    - ☐ No
8. Do you need a COVID-19 test for a specific reason?
   This can include:
    - ☐ visiting or working in a nursing or long-term care home
    - ☐ working or living in a homeless shelter or other congregate setting
    - ☐ being an international student or farm worker

If you answered yes to any of the above – go home, self isolate and contact a health care provider to determine if you require testing.