

Community Sector Council of Nova Scotia

COVID-19 Pre-Screening Form

In accordance with the Community Sector Council of Nova Scotia's (CSCNS) [COVID-19 Reopening Safety Guidelines](#), all attendees of in-person gatherings / meetings are required to complete the following pre-screening questionnaire prior to attendance at the scheduled event. **The following questions will also be asked upon arrival.**

1) Do you have any of the following symptoms which are new or have worsened?

(check all that apply)

- FEVER (CHILLS, SWEATS)
- COUGH OR WORSENING OF A PREVIOUS COUGH

Or Two of the following (new or Worsening):

- SORE THROAT
- RUNNY NOSE
- HEADACHE
- SHORTNESS OF BREATH

If you checked "yes" for any of the above, we ask you kindly to stay home. Please contact 811 for more information. **Please contact a CSCNS Staff person to inquire about virtual attendance options.**

2) Have you had close contact with anyone with a confirmed or suspected case of COVID-19? YES NO

If you answered NO: we ask that you kindly stay home. **Please contact a CSCNS Staff person to inquire about virtual attendance options.**

3) Have you returned from outside of Atlantic Canada in the last 14 days? YES NO

4) Have you been in direct contact with anyone who has been outside of Atlantic Canada within the last 14 days? YES NO

If you answered YES to questions 3 and / or 4: we ask you kindly stay home. Public health also advises that you return home to self-isolate for 14 days, and to contact 811 for more information. **Please contact a CSCNS Staff person to inquire about virtual attendance options.**

Internal Use Only - Complete the following information for each person completing the above form

Name of Person Pre-Screened: _____

Date of First Pre-Screen: _____

Meeting / Event Location: _____