This paper-based self-assessment and location log can only be used in the event you do not own a mobile device, tablet or laptop. You must keep this log on you at all times while on the Carleton University campus. You may be asked at any time by university staff or cuScreen Ambassadors to show this log to confirm completion of your screening self-assessment. By completing this form, you acknowledge you are fully vaccinated against COVID-19. Individuals who are immunocompromised should contact ehs@carleton.ca for assistance in completing this form.

You must submit this log via one of the cuScreen drop-boxes located in the lobby of Robertson Hall or at the Welcome Centre in Alumni Hall, or to a cuScreen Ambassador at the end of each day.

Q1. In the last 5 days, have you experienced any of the symptoms below that are new or worsening? Symptoms should not be related to other known causes or conditions you already have. If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, answer “No.”

Answer “No” if you have already completed your isolation period of 5 days and:
- You don’t have a fever, and
- Your symptoms have been improving for over 24 hours 48 hours if you have nausea, vomiting and/or diarrhea

Q2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.

Q3. In the last 5 days, have you tested positive for COVID-19? This includes a positive COVID-19 test result on a lab-based PCR test, rapid molecular test, rapid antigen test, or home-based self-testing kit.

Q4. In the last 14 days, have you travelled outside of Canada and been advised to quarantine (as per the federal quarantine requirements)?

If you have answered no to all of the questions above, check the green status on the reverse. You can continue to come to campus as planned; remember to wear a mask and abide by all posted signage and applicable public health requirements.

If you have answered yes to any of the questions above, you have a red status. Please stay home and follow the COVID-19 Symptom Reporting process.

Vaccination Status
If using this form, you must present proof of full vaccination and photo ID. If you have an approved exemption, you must also present a negative rapid test result no older than 72 hours.

If you are able to gain access to a computer or mobile device, we strongly encourage you to use cuScreen to complete your self-assessment.
The symptoms listed here are the symptoms most commonly associated with COVID-19. If you have these symptoms, you should isolate and seek testing. Please note that rapid antigen testing is not to be used for those with symptoms of COVID-19 or for contacts of known COVID-19 cases. For additional assistance, contact Telehealth Ontario at 1-866-797-0000, or your local health care practitioner. This assessment is not a replacement for medical advice. If you are experiencing severe symptoms or have other concerns, please seek medical attention.

- **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)

- **Decrease or loss of smell or taste**
  Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

- **Muscle aches/joint pain**
  Unusual, long-lasting (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)

- **Extreme tiredness**
  Unusual fatigue, lack of energy (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)

- **Sore throat**
  Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or 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

- **Headache**
  New, unusual, long-lasting (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)

- **Nausea, vomiting and/or diarrhea**
  Not related to irritable bowel syndrome, anxiety, menstrual cramps, medication side effects, or other known causes or conditions you already have

**Carleton ID:** ___________________________ **Name:** ___________________________________________ **Date:** __________

**Phone Number:** ___________________________

**Location Information** (to be used for contact tracing only)

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<thead>
<tr>
<th>Time In</th>
<th>Time Out</th>
<th>Room Number and Building</th>
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**Screening Results:**

___ I have answered no to all screening questions on the reverse. **Green Status**

___ I have answered yes to at least one screening question on the reverse. **Red Status**

You must stay home and report your symptoms in cuScreen.

Carleton University

Last Updated: February 10, 2022

Privacy Statement: carleton.ca/covid19/cuscreen/privacy