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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>650pm</i> <i>Jan 19, 2021</i>	Name of person completing assessment:
Client's Name: <i>Luis Manzo</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <i>X</i>
• New or worsening cough	Yes	No <i>X</i>
• Sore Throat	Yes	No <i>X</i>
• Shallowness of breath/breathing difficulties	Yes	No <i>X</i>
• Runny nose/nasal congestion	Yes	No <i>X</i>
Have you been tested for COVID-19	Yes	No <i>X</i>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <i>X</i>
Have you travelled outside the territory in the last 14 days?	Yes	No <i>X</i>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <i>X</i>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jan 14 2020 0500 pm</i>	Name of person completing assessment:
Client's Name: <i>Harish Tobi</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <i>X</i>
• New or worsening cough	Yes	No <i>X</i>
• Sore Throat	Yes	No <i>X</i>
• Shallowness of breath/breathing difficulties	Yes	No <i>X</i>
• Runny nose/nasal congestion	Yes	No <i>X</i>
Have you been tested for COVID-19	Yes	No <i>X</i>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <i>X</i>
Have you travelled outside the territory in the last 14 days?	Yes	No <i>X</i>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <i>X</i>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>6:58 pm</i> <i>Jan 19, 2021</i>	Name of person completing assessment:
Client's Name: <i>John Tetty</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <i>X</i>
• New or worsening cough	Yes	No <i>X</i>
• Sore Throat	Yes	No <i>X</i>
• Shallowness of breath/breathing difficulties	Yes	No <i>X</i>
• Runny nose/nasal congestion	Yes	No <i>X</i>
Have you been tested for COVID-19	Yes	No <i>X</i>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <i>X</i>
Have you travelled outside the territory in the last 14 days?	Yes	No <i>X</i>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <i>X</i>
Notes (Not required):		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: Jan 19 6:00	Name of person completing assessment: Clayton Tuffah
Client's Name: Clayton Tuffah 645-7457	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: JAN 19/21 6:00	Name of person completing assessment: ANDREW AKEROLIK
Client's Name: ANDREW AKEROLIK	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jan 19, 2021 6:00pm</i>	Name of person completing assessment: <i>Jeremiah Issaluk</i>
Client's Name: <i>Jeremiah Issaluk</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No ✓
• New or worsening cough	Yes	No ✓
• Sore Throat	Yes	No ✓
• Shallowness of breath/breathing difficulties	Yes	No ✓
• Runny nose/nasal congestion	Yes	No ✓
Have you been tested for COVID-19	Yes	No ✓
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No ✓
Have you travelled outside the territory in the last 14 days?	Yes	No ✓
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No ✓
Notes (Not required):		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>005</i> <i>June 19</i>	Name of person completing assessment:
Client's Name: <i>Reyn Rlyn</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="checkbox"/>
• New or worsening cough	Yes	No <input checked="" type="checkbox"/>
• Sore Throat	Yes	No <input checked="" type="checkbox"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="checkbox"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="checkbox"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="checkbox"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="checkbox"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="checkbox"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="checkbox"/>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>608</i> <i>Jan 19/2021</i>	Name of person completing assessment:
Client's Name: <i>Harry Ittinuar</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <i>X</i>
• New or worsening cough	Yes	No <i>X</i>
• Sore Throat	Yes	No <i>X</i>
• Shallowness of breath/breathing difficulties	Yes	No <i>X</i>
• Runny nose/nasal congestion	Yes	No <i>X</i>
Have you been tested for COVID-19	Yes	No <i>X</i>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <i>X</i>
Have you travelled outside the territory in the last 14 days?	Yes	No <i>X</i>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <i>X</i>
Notes (Not required):		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jan 19, 2021 6:00 pm</i>	Name of person completing assessment:
Client's Name: <i>Bert Dean</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="checkbox"/>
• New or worsening cough	Yes	No <input checked="" type="checkbox"/>
• Sore Throat	Yes	No <input checked="" type="checkbox"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="checkbox"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="checkbox"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="checkbox"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="checkbox"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="checkbox"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="checkbox"/>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <b>6:40 Jun 19/21</b>	Name of person completing assessment: <b>Robert Connelly</b>
Client's Name: <b>Robert Connelly</b>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No ✓
• New or worsening cough	Yes	No ✓
• Sore Throat	Yes	No ✓
• Shallowness of breath/breathing difficulties	Yes	No ✓
• Runny nose/nasal congestion	Yes	No ✓
Have you been tested for COVID-19	Yes	No ✓
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No ✓
Have you travelled outside the territory in the last 14 days?	Yes	No ✓
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No ✓
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: 6:12 Jan 19, 2021	Name of person completing assessment: Rosie Ussak.
Client's Name: Rosie Ussak	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required):		





## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <b>6/2</b> <b>Jan 19, 21</b>	Name of person completing assessment: <b>John Ussak</b>
Client's Name: <b>John Ussak</b>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="radio"/>
• New or worsening cough	Yes	No <input checked="" type="radio"/>
• Sore Throat	Yes	No <input checked="" type="radio"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="radio"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="radio"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="radio"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="radio"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="radio"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="radio"/>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jan 19/21 6.25</i>	Name of person completing assessment:
Client's Name: <i>Raymond Mercer</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="checkbox"/>
• New or worsening cough	Yes	No <input checked="" type="checkbox"/>
• Sore Throat	Yes	No <input checked="" type="checkbox"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="checkbox"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="checkbox"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="checkbox"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="checkbox"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="checkbox"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="checkbox"/>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <b>627</b> <b>Jun 19/21</b>	Name of person completing assessment:
Client's Name: <b>RUITA ANAWAK</b>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="checkbox"/>
• New or worsening cough	Yes	No <input checked="" type="checkbox"/>
• Sore Throat	Yes	No <input checked="" type="checkbox"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="checkbox"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="checkbox"/>
Have you been tested for COVID-19	<input checked="" type="checkbox"/> Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="checkbox"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="checkbox"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="checkbox"/>
Notes (Not required):  <b>Had vaccine.</b>		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: 6:30 Jan 19/21	Name of person completing assessment:
Client's Name: DeStroy T. Legay	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <u>629pm</u> <u>Jan 19, 2021</u>	Name of person completing assessment: <u>Keanna Johnston</u>
Client's Name: <u>Keanna Johnston</u>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19 <u>DEC 10</u>	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <u>19/01/21</u> <u>633pm</u>	Name of person completing assessment:
Client's Name: <u>MARY WHITE</u>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="radio"/>
• New or worsening cough	Yes	No <input checked="" type="radio"/>
• Sore Throat	Yes	No <input checked="" type="radio"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="radio"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="radio"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="radio"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="radio"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="radio"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="radio"/>
Notes (Not required):		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <u>639 pm</u>	Name of person completing assessment:
<u>Sept 19 2021</u>	<u>Gabriel K. K.</u>
Client's Name:	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <u>X</u>
• New or worsening cough	Yes	No <u>X</u>
• Sore Throat	Yes	No <u>X</u>
• Shallowness of breath/breathing difficulties	Yes	No <u>X</u>
• Runny nose/nasal congestion	Yes	No <u>X</u>
Have you been tested for COVID-19	Yes	No <u>X</u>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <u>X</u>
Have you travelled outside the territory in the last 14 days?	Yes	No <u>X</u>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <u>X</u>
Notes (Not required):		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: 044 19/01/21	Name of person completing assessment:
Client's Name: HARRY TONTOUNGIE	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No ✓
• New or worsening cough	Yes	No ✓
• Sore Throat	Yes	No ✓
• Shallowness of breath/breathing difficulties	Yes	No ✓
• Runny nose/nasal congestion	Yes	No ✓
Have you been tested for COVID-19	Yes	No ✓
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No ✓
Have you travelled outside the territory in the last 14 days?	Yes	No ✓
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No ✓
Notes (Not required): COVID START YESTERDAY		



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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>6:44 pm</i> <i>Jan 12/21</i>	Name of person completing assessment:
Client's Name: <i>Dennis Bruce</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <i>/</i>
• New or worsening cough	Yes	No <i>/</i>
• Sore Throat	Yes	No <i>/</i>
• Shallowness of breath/breathing difficulties	Yes	No <i>/</i>
• Runny nose/nasal congestion	Yes	No <i>/</i>
Have you been tested for COVID-19	Yes	No <i>/</i>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <i>/</i>
Have you travelled outside the territory in the last 14 days?	Yes	No <i>/</i>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <i>/</i>
Notes (Not required):		





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## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jun 19 8:20pm</i>	Name of person completing assessment: <i>Jody NINGCOCHUK</i>
Client's Name: <i>Jody NINGCOCHUK</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No <input checked="" type="checkbox"/>
• New or worsening cough	Yes	No <input checked="" type="checkbox"/>
• Sore Throat	Yes	No <input checked="" type="checkbox"/>
• Shallowness of breath/breathing difficulties	Yes	No <input checked="" type="checkbox"/>
• Runny nose/nasal congestion	Yes	No <input checked="" type="checkbox"/>
Have you been tested for COVID-19	Yes	No <input checked="" type="checkbox"/>
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No <input checked="" type="checkbox"/>
Have you travelled outside the territory in the last 14 days?	Yes	No <input checked="" type="checkbox"/>
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No <input checked="" type="checkbox"/>
Notes (Not required):		



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Ministère de la Santé

## COVID-19 Client Screening Questionnaire

Date and Time of Assessment: <i>Jan 19, 2021 6:00 PM</i>	Name of person completing assessment: <i>Roy Auaq 19</i>
Client's Name: <i>Roy Auaq 19</i>	

### Risk Assessment Screening Questions

Have you been experiencing any of the following symptoms?		
• Fever higher than 38C or subjective (self-identified) fever	Yes	No
• New or worsening cough	Yes	No
• Sore Throat	Yes	No
• Shallowness of breath/breathing difficulties	Yes	No
• Runny nose/nasal congestion	Yes	No
Have you been tested for COVID-19	Yes	No
Have you been in contact in the last 14 days, with someone that is confirmed to have COVID-19?	Yes	No
Have you travelled outside the territory in the last 14 days?	Yes	No
Have you been in a large group setting in the last 14 days where someone may have had COVID?	Yes	No
Notes (Not required): <i>☺</i>		