



Appendix G - COVID-19 Vaccine Clinic Client Screening Questionnaire

Have you been experiencing any of the following symptoms?		
<ul style="list-style-type: none"> Fever higher than 38C or subjective (self identified) fever 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> New or worsening cough 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> New or worsening shortness of breath/breathing difficulties 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Sore throat 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Runny nose/nasal congestion 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Vomiting and or diarrhea 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> New symptoms that are unusual to you – muscle aches, headache, fatigue, loss of sense of smell or taste, loss of appetite 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received a COVID-19 vaccine previously? Date: yyyy/mm/dd	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been advised to isolate related to COVID-19 at this time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been in close contact, in the last 14 days, with someone that is suspected or confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you returned from a community in Nunavut with cases of COVID-19 cases in the last 14 days ?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you returned from out-of-territory travel in the last 14 days ?**	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no to all questions → Proceed through vaccination process.

If yes to any question → Nurse floater role assesses and determines if can proceed with vaccination. If not, take down name and contact information and arrangement appointment at health centre. At that appointment, will need to assess need for COVID-19 testing as well as to consider providing vaccination. Should be arranged for as soon as is feasible and can be done in groups in order to maximize vial usage (e.g. group of 9 individuals booked).

*Answering “yes” to this question is not necessarily an exclusion unless the client is required to isolate. Please refer to current Public Health orders relating to in-territory travel and isolation requirements.

**Answering yes to this question is not necessarily an exclusion unless the client is required to isolate. Generally travellers who have spent 14 days in a hub prior to entering the territory are not required to isolate when they return to their home community.

Nurses and other healthcare providers can refer to the Nunavut COVID19 Public Health Protocol regarding testing and public health follow-up, available below.

<https://www.gov.nu.ca/health/information/manuals-guidelines>