

COVID Screening Questionnaire

Required Screening Questions

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

For individuals who are 18 years of age and older:

Do you have one or more of the following symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
Shortness of breath	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)
Decrease or loss of smell or taste	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)
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	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

For individuals who are under 18 years of age:

Do you have one or more of the following symptoms? ■ Yes ■ No	
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, 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
Sore throat or difficulty swallowing	Painful swallowing (not related to seasonal allergies, 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	Unusual, long-lasting (not related to 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, or other known causes or conditions you already have
Extreme tiredness or muscle aches	Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)

2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

Yes No

3. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

Yes No

4. 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

5. In the last 14 days, have you or anyone you live with travelled outside of Canada? If you or anyone you live with are exempted from federal quarantine as per croup Exemptions, Quarantine Requirements under the *Quarantine Act*, select "No".

Yes No

6. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

Yes No

Results of Screening Questions:

- If the patron answered **NO to all questions from 1 through 6**, they can enter the business or organization.
- If the patron answered **YES to any questions from 1 through 6**, they should not be permitted to enter the business or organization (including any outdoor or partially outdoor business or facility). They should be advised to go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-7970000) to get advice or an assessment, including if they need a COVID-19 test.
- If the patron answered **YES to question 6**, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
- If any of the answers to these screening questions change during the day, this screening result is no longer valid and the patron may need to screen again, wherever necessary.
- Any record created as part of patron screening may only be disclosed as required by law.

Resources:

- COVID-19 (coronavirus) in Ontario webpage (find a testing location, check your results, how to stop the spread of the virus).
- Ministry of Labour, Training and Skills Development's Resources to prevent COVID-19 in the workplace.