COVID-19 Screening Tool

1. Do you have any of the following **new or worsening** symptoms or signs? Symptoms should not be related to chronic or other known causes or conditions.

Fever or chills	☐ Yes	☐ No
Difficulty breathing (shortness of breath)	☐ Yes	☐ No
Cough or barking cough (croup)	☐ Yes	☐ No
Sore throat, trouble swallowing	☐ Yes	☐ No
Runny nose/stuffy nose or nasal congestion	☐ Yes	☐ No
Decrease or loss of smell or taste	☐ Yes	☐ No
Nausea, vomiting, diarrhea, stomach pain	☐ Yes	☐ No
Not feeling well, extreme tiredness, sore muscles, headache	☐ Yes	☐ No
Pink eye	☐ Yes	☐ No

2. Have you travelled outside of Canada in the past 14 days?

☐ Yes ☐ No

3. In the last 14 days, has Public Health Unit identified you as a close contact of someone who is currently has COVID-19?

☐ Yes ☐ No

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

Results of Screening Questions

- If answer is NO to all questions from 1 to 4, passed and can enter the workplace.
- If answer is YES to any questions 1 to 4, have not passed and are advised not to enter the workplace/retail store, go home and self-isolate immediately and contact health care provider or Telehealth Ontario at 1 866-797-0000 to find out if they need a COVID-19 test.