



# COVID-19 Screening Tool

## 1. Do you have any of the following new or worsening symptoms or signs?


If you regularly have any of these symptoms and they have not changed or worsened, DO NOT answer YES.

Yes   
No




Fever or chills

Yes   
No



Cough

Yes   
No



Difficulty breathing or shortness of breath

Yes   
No




Sore throat, trouble swallowing

Yes   
No




Runny or stuffy nose

Yes   
No



Decrease or loss of taste or smell

Yes   
No



Nausea, vomiting, diarrhea

Yes   
No



Fatigue, malaise, headache

## 2. \* Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE?

\* Except for Health Care Providers who use appropriate PPE

## 3. \*\* Have you travelled outside of Canada in the past 14 days?

\*\* Except for essential travel workers

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

## 5. Have you been identified as a “close contact” of someone who currently has COVID-19 in the last 14 days?

## 6. Have you received a COVID Alert exposure notification on your cell phone in the last 14 days (and have not been tested or are not waiting for your result)?

If you answered YES to any of these questions, go home & self-isolate. Call Telehealth or your health care provider to find out if you need a test.

If you answered NO to all of these questions, you can attend your activity.

The above questions are used to screen for COVID-19 before entry, as per direction from the Medical Officer of Health.

Online screening tool: [covid-19.ontario.ca/self-assessment/](https://covid-19.ontario.ca/self-assessment/)