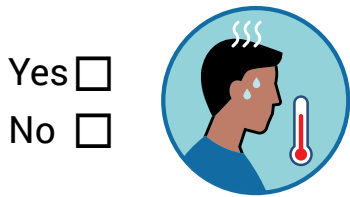




# COVID-19 Screening Tool

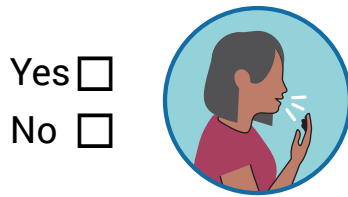
## 1. Do you have any of the following new or worsening symptoms or signs?

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



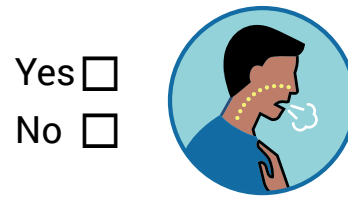
Yes   
No

Fever or chills



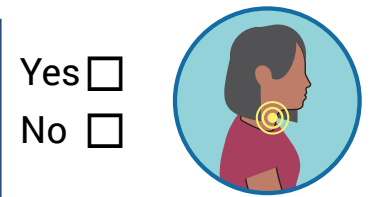
Yes   
No

Cough



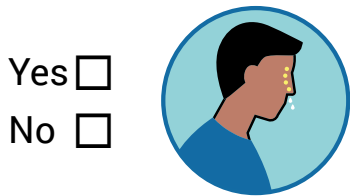
Yes   
No

Difficulty breathing or shortness of breath



Yes   
No

Sore throat, trouble swallowing



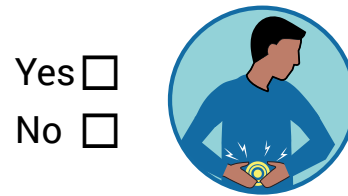
Yes   
No

Runny or stuffy nose



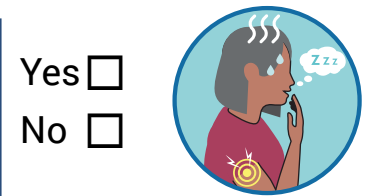
Yes   
No

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?

Yes  No

\* Except for Health Care Providers who use appropriate PPE

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

Yes  No

\*\* Except for essential travel workers

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 question, you can go attend your activity.

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