Name :

Ontario

Required Screening Questions

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

Fever or chills	☐ Yes	☐ No
Difficulty breathing or shortness of breath	☐ Yes	☐ No
Cough	☐ 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, abdominal pain	☐ Yes	☐ No
Not feeling well, extreme tiredness, sore muscles	☐ Yes	☐ No

2. Have you travelled outside of Canada in the past 14 days?
   ☐ Yes ☐ No

3. Have you had close contact with a confirmed or probable case of COVID-19?
   ☐ Yes ☐ No

Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 3,** they have passed and can enter the workplace.
- If the individual answers **YES to any questions from 1 through 3,** they have not passed and **should be advised that they should not** enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1 866-797-0000)to find out if they need a COVID-19 test.

X · Date :