

**COVID-19 SCREENING FOR STAFF**

These questions are based on the screening tool developed by Ontario Ministry of Health.

**Please answer the following questions every day before reporting to work.**

Are you currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

p Fever and/or chills

Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

p Cough or barking cough (croup)

Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)

p Shortness of breath

Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)

p Sore throat

Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have

p Difficulty swallowing

Painful swallowing (not related to other known causes or conditions you already have)

p Runny or stuffy/congested nose

Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have

p Decrease or loss of taste or smell

Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

p Pink eye

Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)

p Headache

Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)

p 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

p Muscle aches

Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)

p Extreme tiredness

Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)

p Falling down often

For older people

p None of the above

## In the last 14 days, have you travelled outside of Canada? If you are an essential worker who crosses the Canada-US border regularly for work, select “No.”

p Yes p No

## In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

p Yes p No

## 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.”

p Yes p No

This result is no longer valid if your situation changes during the day (for example, you start experiencing symptoms).

**REQUIRED**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_