**Required Screening Questions**

1. **Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.**

For individuals who are 18 years of age and older:

|  |  |
| --- | --- |
| **Do you have one or more of the following symptoms?** | * **Yes**
* **No**
 |
| **Fever and/or chills** | Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher |
| **Cough or barking cough (croup)** | Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have |
| **Shortness of breath** | Not related to asthma or other known causes or conditions you already have |
| **Sore throat** | Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have |
| **Difficulty swallowing** | Painful swallowing not related to other known causes or conditions you already have |
| **Decrease or loss of smell or taste** | Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have |
| **Pink eye** | Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have) |
| **Runny or stuffy/congested nose** | Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have |
| **Headache** | Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)*If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select “No.”* |
| **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 |
| **Muscle aches/joint pain** | Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)*If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”* |
| **Fatigue** | Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)*If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No.”* |
| **Falling down often** | For older people |

For individuals who are under 18 years of age:

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| --- | --- |
| **Do you have one or more of the following symptoms?** | * **Yes**
* **No**
 |
| **Fever and/or chills** | Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher |
| **Cough or barking cough (croup)** | Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have) |
| **Shortness of breath** | Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have) |
| **Decrease or loss of smell or taste** | Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have |
| **Sore throat or difficulty swallowing** | Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have) |
| **Runny or stuffy/congested nose** | Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have |
| **Headache** | Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)*If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select “No.”* |

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| --- | --- |
| **Nausea, vomiting and/or diarrhea** | Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have |
| **Extreme tiredness or** **muscle aches** | Unusual fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)*If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”**If you received a COVID-19 vaccination in the last 48 hours* *and are experiencing mild fatigue that only began after vaccination, select “No.”* |

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

This can be because of an outbreak or contact tracing.

* + Yes No
1. **In the last 10 days, have you tested positive on a rapid antigen test or a home- based self-testing kit?**

If you have since tested negative on a lab-based PCR test, select “No.

* + Yes No
1. **In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?**

If you are fully vaccinated[\*](#_bookmark0) and have not been advised to self-isolate by public health, select “No”.

* + Yes No

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\* Fully vaccinated is defined as an individual ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series.

1. **In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?**

If you are fully vaccinated and/or have already gone for a test and got a negative result, select "No."

* + Yes No
1. **In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the** [**federal quarantine requirements**](https://travel.gc.ca/travel-covid#a3)**?**

If you are not fully vaccinated and you live with someone who travelled outside of Canada, see Notes2 below.

* + Yes No
1. **Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**

If you are fully vaccinated, select “No.”

* + Yes No

*If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”*

**Results of Screening Questions:**

* If the worker answered **NO to all questions from 1 through 7**, they can enter the workplace. In the workplace, the worker must continue to follow all public health and workplace control measures, including masking, maintaining physical distance and hand hygiene.
	+ In add addition to following all the workplace’s regular control measures, if the worker has received a COVID-19 vaccination in the last 48 hours and has mild headache, fatigue, muscle ache and/or joint pain that only began after immunization, and no other symptoms, the worker must wear a surgical/procedure mask for their entire shift at work even if not otherwise required to do so. Their mask may only be removed to consume food or drink and must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave work immediately to self-isolate and seek COVID-19 testing.
* If the worker answered **YES to any questions from 1 through 7**, they must not enter the workplace (including any outdoor or partially outdoor workplace). They should inform their employer of this result and go or stay home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test.
* If the worker answered **YES to question 7**, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
* If any of the answers to these screening questions change during the day, the worker should inform their employer of the change and go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test.
* Businesses and organizations must maintain a record of the date/time that workers were in the workplace and their contact information. This information may be requested by [public health](http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx) for contact tracing. These records should be maintained for a period of at least a month.
* Any record created as part of worker screening may only be disclosed as required by law.

**Note:**

1. For those workers whose work responsibilities involve traveling to multiple locations as part of their work day or shift (e.g., delivery truck drivers, take-out, grocery, prescription delivery staff, etc.), it is the responsibility of the worker’s employer to conduct the screening and not that of the receiving business organization or individual. However, such screening may not exempt a worker from being screened by another organization/workplace if the worker is seeking entry into different types of premises (e.g., food deliveries to a long-term care home, and to other places or households).
2. Effective July 5, 2021, fully vaccinated Canadians may be exempt from post-travel COVID-19 quarantine restrictions. For those workers who are not fully vaccinated AND either 1) live with an individual who has recently traveled outside of Canada OR 2) live with an individual who is self-isolating due to a high-risk exposure: These workers are permitted to attend work but they are required to stay home except for essential reasons for the duration of the contact’s isolation period. Essential reasons include: attending school/child care/work and essential errands such as, obtaining groceries, attending medical appointments or picking up prescriptions.

**Resources:**

* [COVID-19 (coronavirus) in Ontario](https://covid-19.ontario.ca/index.html) webpage (find a testing location, check your results, how to stop the spread of the virus).
* Ministry of Labour, Training and Skills Development’s [Resources to prevent COVID-19](https://www.ontario.ca/page/resources-prevent-covid-19-workplace)  [in the workplace.](https://www.ontario.ca/page/resources-prevent-covid-19-workplace)
* [Screening for COVID-19: guidance for employers](https://www.ontario.ca/page/screening-covid-19-guidance-employers) webpage.
* [COVID-19 vaccines and workplace health and safety](https://www.ontario.ca/page/covid-19-vaccines-and-workplace-health-and-safety) webpage.