**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 patron answered **NO to all questions from 1 through 7**, they can enter the business or organization. In the business or organization, the patron must continue to follow all public health measures, including masking, maintaining physical distance and hand hygiene, where applicable.

• If the patron answered **YES to any questions from 1 through 7**, they should not be permitted to enter the business or organization (including any outdoor or partially outdoor business or facility). They should be advised to 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.

• If the patron 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, this screening result is no longer valid and the patron may need to screen again, wherever necessary.

• Any record created as part of patron screening may only be disclosed as required by law.

**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).
* [COVID-19 vaccines and workplace health and safety](https://www.ontario.ca/page/covid-19-vaccines-and-workplace-health-and-safety) webpage.