

Office of the Chief Medical Officer of Health

COVID-19 Screening Tool for Businesses and Organizations (Screening Patrons)

Version 11– February 4, 2022

This screening tool provides advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health in accordance with subsection 2(3), Schedule 1 of [O. Reg. 364/20: Rules for Areas at Step 3 and at the Roadmap Exit Step](#) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).

This screening tool is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis, treatment or legal advice. In the event of any conflict between this document and any applicable legislation, or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health, the legislation, order or directive prevails.

Anyone who is sick and has any symptom(s) of illness that are not listed in this screening tool, should stay home until they do not have a fever, their symptom(s) are improving for over 24 hours (48 hours for gastrointestinal symptoms) and seek assessment from their health care provider, if needed. Household members of individuals with any of the below symptoms should stay home at the same time as the person who is sick, regardless of vaccination status.

The person responsible for one of the following businesses or organizations that is permitted to open (subject to conditions or restrictions) under [O. Reg. 364/20](#) is required to **actively screen all persons, whether or not they are fully vaccinated[†] against COVID-19**, before they enter the indoor or outdoor premises of the business or organization as specified below. Individuals who have provided proof of vaccination are still subject to the patron screening requirements set out under [O. Reg. 364/20](#).

Business or organization [†]	Settings
Facilities for indoor and outdoor sports and recreational fitness activities	Indoor and outdoor

[†] For the purposes of this document, please refer to the Ministry of Health's [COVID-19 Fully Vaccinated Status in Ontario](#) document for the definition of "fully vaccinated" where applicable in this document.

[†] The businesses and organizations listed in this chart are permitted to open, subject to specific conditions and restrictions. See [O. Reg. 364/20](#) for the full details.

Business or organization[†]	Settings
Personal training (personal physical fitness trainers)	Indoor and outdoor
In-person teaching and instruction	Indoor and outdoor - students
Driving instruction	Before entering the vehicle
Meeting or event space, conference centres, convention centres	Indoor
Personal care services relating to the hair or body	Indoor
Photography studios and services	Indoor
Restaurants, bars and other food and drink establishments (without dance facilities)	Indoor and outdoor – only for dine-in patrons
Food or drink establishments with dance facilities (i.e., nightclubs, restoclubs)	Indoor (if operating solely as restaurants, bars and other food and drink establishments without dance facilities) Outdoor
Retail (only test drives of any vehicles, boats or watercraft require screening)	Before participating in the test drive
Concert venues, theatres and cinemas	Indoor and outdoor
Casinos, bingo halls and gaming establishments	Indoor
Racing venues	Indoor and outdoor
Strip clubs	Indoor

The questions in this tool have been defined by the Ministry of Health. These questions can be adapted to meet the communication needs of people with learning, developmental or cognitive disabilities.

This screening tool can be completed either in advance [online](#) or on-site before the patron enters the business or organization. If the screening is on-site, ensure that

screeners receive information and instructions on how to perform this work safely. The person responsible for the business or organization must ensure that screening occurs, and the result of screening is used to determine whether the patron may enter the business or organization.

A patron may be asked to re-screen in the same day when re-entering any of the businesses or organizations listed above.

Anyone who does not pass screening should not be permitted to enter the business or organization and be advised that they should self-isolate, ideally at home, and call their health care provider, visit a [clinical assessment centre](#), or call Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test, if eligible.

Screening is not required for emergency services or other first responders entering a business or organization for emergency purposes.

Required Screening Questions

1. In the last 10 days have you experienced any of the symptoms below?

If you **are fully vaccinated or under 12 years of age** and not immune compromised **and** experienced the symptom(s) **over 5 days ago and** the symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** you do not have a fever, **select "No"**.

If you are **unvaccinated or immune compromised and** experienced the start of symptom(s) **over 10 days ago and** the symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** you do not have a fever, **select "No"**.

If you are symptomatic and tested negative for COVID-19 on a single PCR test or two rapid antigen tests (RAT) taken 24-48 hours apart **and** symptoms have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** you do not have a fever, **select "No"**.

For symptom(s) that are new, worsening or different from an individual's baseline health, **select "Yes"**. Otherwise, symptom(s) should not be chronic or related to other known causes or conditions. The symptoms listed here are the symptoms most commonly associated with COVID-19. If you have these symptoms, you should self-isolate and seek the advice of your health care provider, take a [self-assessment](#), visit a [clinical assessment centre](#), or call Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test, if eligible.

Do you have one or more of the following symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

2. In the last 10 days have you experienced any of the symptoms below?

If you **are fully vaccinated or under the age of 12 years** and not immune compromised and experienced the symptom(s) **over 5 days ago**, the symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** you do not have a fever, **select "No"**.

If you are **unvaccinated or immune compromised** and experienced the start of symptom(s) **over 10 days ago**, the symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** you do not have a fever, **select "No"**.

If you are symptomatic and tested negative for COVID-19 on a single PCR test or two rapid antigen tests (RAT) taken 24-48 hours apart and your symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) and you do not have a fever, **select "No"**.

For symptom(s) that are new, worsening or different from an individual's baseline health **select "Yes"**. Otherwise, symptom(s) should not be chronic or related to other known causes or conditions.

<p>Do you have one or more of the following symptoms?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Runny or stuffy/congested nose</p>	<p>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</p>
<p>Sore throat</p>	<p>Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)</p>
<p>Headache</p>	<p>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are only experiencing a mild headache that only began after vaccination, select "No."</i></p>
<p>Muscle aches/joint pain</p>	<p>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are only experiencing mild muscle aches/joint pain that only began after vaccination, select "No."</i></p>
<p>Fatigue</p>	<p>Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are only experiencing mild fatigue that only began after vaccination, select "No."</i></p>
<p>Nausea, vomiting and/or diarrhea</p>	<p>Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have</p>

3. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

Yes

No

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

Staying at home/self-isolation can be because of an outbreak or contact tracing.

Yes

No

5. In the last 10 days, have you tested positive for COVID-19?

If you are fully vaccinated or under 12 years of age and not immune compromised and the test was more than 5 days ago, select "No".

This includes a positive COVID-19 test result on a lab-based PCR test, rapid antigen test or a home-based self-testing kit.

Yes

No

6. Do any of the following apply?

- You live with someone who is currently isolating because of a positive COVID-19 test
- You live with someone who is currently isolating because of COVID-19 symptoms
- You live with someone who is waiting for COVID-19 test results

If you tested positive for COVID-19 (on a lab-based PCR test, rapid antigen test or home-based self-testing kit) within the last 90 days and have already completed your isolation period, select "No".

Yes

No

7. In the last 10 days (5 days for under 12 years of age), have you been identified as a “close contact” of someone who currently has COVID-19 and doesn’t live with you?

If you are fully vaccinated and not immune compromised, select “No”.

If you tested positive for COVID-19 (on a lab-based PCR test, rapid antigen test or home based self-testing kit) within the last 90 days and have already completed your isolation period, select “No”.

Yes

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, take the [self-assessment](#), visit a [clinical assessment centre](#), or call Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test, if eligible
- If the patron answered **“Yes” to question 1** the patron must **stay or return home** and be informed that:
 - If the patron is **fully vaccinated or under 12 years of age** and not immune compromised, they must **self-isolate for 5 days** from when symptom(s) started **and** stay in isolation until their symptom(s) have been improving for over 24 hours (48 hours for gastrointestinal symptoms) **and** they have no fever.
 - If the patron is **not fully vaccinated or if they are immune compromised**, they must **self-isolate for 10 days** from when the symptom(s) started **and** stay in isolation until their symptom(s) have been improving for 24 hours (48 hours for gastrointestinal symptoms) **and** they have no fever.
- If the patron answered **“Yes” to question 2** the patron must **stay or return home** and be informed that:
 - If the patron **experienced only one** of the following symptoms in the last **5 days** if fully vaccinated or under 12 years of age, **or 10 days** if not fully vaccinated or if immune compromised:

- Runny or stuffy/congested nose
- Sore throat
- Headache
- Muscle aches/joint pain
- Fatigue
- Nausea, vomiting and/or diarrhea

The patron **must stay home** until the symptom has been improving for over 24 hours (48 hours for nausea, vomiting and/or diarrhea) **and** they have no fever.

- If the patron **experienced two or more** of the above listed symptoms in the last **5 days** if fully vaccinated or under 12 years of age, **or 10 days** if not fully vaccinated or if immune compromised and if:
 - They are **fully vaccinated**, they must **self-isolate for 5 days** from when symptoms started **and** stay in isolation until their symptoms have been improving for over 24 hours (48 hours for nausea, vomiting and/or diarrhea) whichever is longest, **and** they have no fever.
 - They are **not fully vaccinated or if they are immune compromised**, they must **self-isolate for 10 days** from when the symptoms started **and** stay in isolation until their symptoms have been improving for over 24 hours (48 hours for nausea, vomiting and/or diarrhea) whichever is longest, **and** they have no fever
- If the patron answered **"Yes" to question 3** they must be advised to **self-isolate per federal requirements**. For further information patrons should be encouraged to access the Government of Canada's [website](#).
- If the patron answered **"Yes" to question 4** they should be told to go or **stay at home to self-isolate** immediately and contact their health care provider, visit a [clinical assessment centre](#), or call Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if you need a COVID-19 test, if eligible.
- If the patron answered **"Yes" to question 5 or question 6** they must be advised to **self-isolate** immediately. Patrons can be referred to the [What to do if you've been exposed to COVID-19 | COVID-19 \(coronavirus\) in Ontario](#) website.
- If the patron answered **"Yes" to question 7**, they must be advised to **stay home for 10 days** after the last contact with the sick individual. Household members of the patron may go to school, child care or work, but must not leave the home for other, non-essential reasons.

- 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.

Note:

For more information on federal requirements for travellers, including for unvaccinated children less than 12 years of age and quarantine exemptions, please see the Government of Canada's [website](#).

Resources:

- [COVID-19 \(coronavirus\) in Ontario](#) webpage.
- Ministry of Labour, Training and Skills Development's [COVID-19 and workplace health and safety](#) webpage.
- [Screening for COVID-19: guidance for employers](#) webpage.