Date (mm-dd-yyyy) ________________________

## Screening Questions

1. **In the last 14 days, have you or anyone you live with travelled outside of Canada?**
   - **Yes**
   - **No**

2. **Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**
   - **Yes**
   - **No**

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

4. **In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?**
   - **Yes**
   - **No**

5. **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.
   
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Fever and/or chills</td>
<td></td>
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<tr>
<td>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</td>
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<td>Cough or barking cough (croup)</td>
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<td>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)</td>
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<td>Shortness of breath</td>
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<td>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</td>
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<td>Decrease or loss of taste or smell</td>
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<tr>
<td>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</td>
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<tr>
<td>Sore throat</td>
<td></td>
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<tr>
<td>Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have</td>
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<tr>
<td>Difficulty swallowing</td>
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<tr>
<td>Painful swallowing (not related to other known causes or conditions you already have)</td>
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<td></td>
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<td>Runny or stuffy/congested nose</td>
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<tr>
<td>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</td>
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</tbody>
</table>
Pink eye
Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
☐ Yes ☐ No

Headache
Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)
☐ Yes ☐ 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
☐ Yes ☐ No

Muscle aches
Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)
☐ Yes ☐ No

Extreme tiredness
Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
☐ Yes ☐ No

Falling down often
For older people
☐ Yes ☐ No

6. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
☐ Yes ☐ No

Results of screening questions

If you answered “YES” to question 1 or 3 do not go to school or child care.
- You must isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
- If you answered “YES” to question 1, follow the advice of public health. You can return to school/child care after you are cleared by your local public health unit.
  - Other people in your household must isolate (stay home) for 14 days.
- If you answered “YES” to question 3, talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test. You can return to school/child care after 14 days, even if you get a negative test result.
  - If you live in certain areas of the province, like Toronto, other people in your household must stay at home for 14 days. This is because of local risk factors.
  - If you live in other areas of Ontario, other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons.
    Ask your school/child care for more information.
- If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- Contact your school/child care provider to let them know about this result.

If you answered “YES” to question 2 do not go to school or child care.
- You must self-isolate (stay home) and not leave except for a medical emergency.
- Follow the advice of public health. You can return to school/child care after you are cleared by your local public health unit.
- If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
- If you live in certain areas of the province, like Toronto, other people in your household must stay at home. This is because of local risk factors.
• If you live in other areas of Ontario, other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
• Contact your school/child care provider to let them know about this result.

**If you answered “YES” to question 4 do not go to school or child care.**
• You must self-isolate (stay home) and not leave except for a medical emergency.
• Visit an assessment centre to get a COVID-19 test.
  ▪ If you test negative (you do not have the virus), you can return to school/child care.
  ▪ If you test positive (you have the virus), you can return only after you are cleared by your local public health unit.
• If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
• Other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until you test negative or are cleared by your local public health unit.
• Contact your school/child care provider to let them know about this result.

**If you answered “YES” to any of the symptoms included under question 5 or question 6 do not go to school or child care.**
• You and your entire household must self-isolate (stay home) and not leave except to get tested or for a medical emergency.
• If you answered “YES” to question 5, talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test.
• If you answered “YES” to question 6, you can return to school/child care after the person gets a negative COVID-19 test result, or is cleared by your local public health unit, or is diagnosed with another illness.
• Other people in your household must stay at home until you or the individual gets a negative COVID-19 test result, or are cleared by your local public health unit, or are diagnosed with other illness.
• Contact your school/child care provider to let them know about this result.

**If you answered “NO” to all questions, you can go to school/child care because you seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider’s established process for letting staff know about this result (if applicable).**

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**Public Health Ontario – Contact Tracing**

**Answering these questions is optional.** This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

**Date:**

**Name:**

**Phone or Email:**