

Office of the Chief Medical Officer of Health

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

Version 7 – July 16, 2021

This screening tool provides advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health in accordance with [O. Reg. 364/20: Rules for Areas in Step 3](#) 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.

The person responsible for one of the following businesses or organizations that is permitted to open (subject to conditions or restrictions) under Step 3 of O. Reg. 364/20 is required to **actively screen all persons, whether or not they have been vaccinated**, before they enter the indoor or outdoor premises of the business or organization as specified below:

Business or organization	Settings
Casinos, bingo halls and gaming establishments	Indoor
Driving instruction	Before entering vehicle
Facilities for sports and recreational fitness activities	Indoor and outdoor
Personal training	Indoor and outdoor
In-person teaching and instruction	Indoor and outdoor
Meeting or event space, conference centres, convention centres	Indoor
Personal care services relating to the hair or body	Indoor
Food or drink establishments with dance facilities, including nightclubs and restoclubs	Indoor and outdoor
Photography studios and services	Indoor
Restaurants, bars and other food and drink establishments (only dine-in services require screening)	Indoor and outdoor

Business or organization	Settings
Retail (only test drives of any vehicles, boats or watercraft require screening)	Before participating in the test drive
Sex clubs and bathhouses	Indoor
Strip Clubs	Indoor and outdoor

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 workplace.

A patron may be asked to re-screen in the same day when 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 advised that they should self-isolate, ideally at home, and call their health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if they need a COVID-19 test.

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

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?		<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	
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) <i>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."</i>
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) <i>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."</i>
Fatigue	Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) <i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i>
Falling down often	For older people

For individuals who are under 18 years of age:

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)	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	<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 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."</i></p>
Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have

<p>Extreme tiredness or muscle aches</p>	<p>Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches that only began after vaccination, select "No."</i></p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i></p>
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2. 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

3. 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

4. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

If public health has advised you that you do not need to self-isolate (e.g., you are fully vaccinated[†] or another reason), select "No."

- Yes No

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

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

- Yes No

[†] 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.

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

Yes

No

7. In the last 14 days, has someone in your household (someone you live with):

- travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements; OR
- been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?

If you are fully vaccinated, select "No."

Yes

No

8. 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 8**, 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 8**, 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](tel: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 8**, 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](#) 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 in the workplace](#).
- [Screening for COVID-19: guidance for employers](#) webpage.