COVID-19 Screening Questionnaire

Public Health - Contact Tracing Information
This information will only be used by Public Health officials for contact tracing. All information will be disposed of in 30 days.

Name: _______________________________
Contact Number/Email Address: _______________________________
Date: _______________________________
Buildings Accessed: _______________________________

Screening Questions:

1. Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.
   - Fever or chills □ Yes □ No
   - Difficulty breathing or shortness of breath □ Yes □ No
   - Cough □ Yes □ No
   - Sore throat, trouble swallowing □ Yes □ No
   - Runny nose/stuffy nose or nasal congestion □ Yes □ No
   - Decrease or loss of smell or taste □ Yes □ No
   - Nausea, vomiting, diarrhea, abdominal pain □ Yes □ No
   - Not feeling well, extreme tiredness, sore muscles □ Yes □ No

2. Have you travelled outside of Canada in the past 14 days?
   □ Yes □ No

3. Have you had close contact with a confirmed or probable case of COVID-19?
   □ Yes □ No

If you have answered NO to all questions from 1 through 3 then you have passed the screening and can enter the workplace.

If you have answered YES to any questions from 1 through 3 then you have NOT passed the screening and are advised you are unable to enter the workplace (including any outdoor or partially outdoor workspaces). Please go home immediately and contact your health care provider or Telehealth Ontario (1-866-797-0000) to find out if you need a COVID-19 test.