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 that’s new or worsening □ Yes □ No
   - Barking cough, making a whistling noise when breathing □ Yes □ No
   - Sore throat, difficulty swallowing □ Yes □ No
   - Runny nose/stuffy nose or nasal congestion □ Yes □ No
   - Decrease or loss of smell or taste □ Yes □ No
   - Pink eye □ Yes □ No
   - Nausea, vomiting, diarrhea, abdominal pain □ Yes □ No
   - Headache that’s unusual or long lasting □ Yes □ No
   - Muscle aches that are unusual or long lasting □ Yes □ No
   - Not feeling well, extreme tiredness, sore muscles □ Yes □ No
   - Falling down often (older adults) □ Yes □ No
   - Sluggishness or lack of appetite (age 12 and under) □ 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.