

## 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: \_\_\_\_\_  
Building(s) Accessed: \_\_\_\_\_

### 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.
  - **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
  - **Fatigue** - lethargy, malaise and/or myalgias Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."

Yes  No
2. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

Yes  No
3. 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

4. In the last 10 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 immunized\* or have tested positive for COVID-19 in the last 90 days and since been cleared), select “No.”
- Yes**    **No**
5. In the last 10 days have you received a COVID Alert exposure notification on your cell phone?
- If you have already gone for a test and got a negative result, select "No." If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."
- Yes**    **No**
6. In the last 10 days, have you tested positive on a rapid antigen test or a homebased self-testing kit? If you have since tested negative on a lab-based PCR test, select “No”
- Yes**    **No**
7. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
- If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.” If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select “No.”
- Yes**    **No**

If the worker answered NO to all questions from 1 through 7, they can enter the workplace. In the workplace, the worker must continue to follow all public health and workplace control measures, including masking, maintaining physical distance and hand hygiene.

If the worker answered YES to any questions from 1 through 7, they must not enter the workplace (including any outdoor or partially outdoor workplace). They should inform their employer of this result and go or stay home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test.

If any of the answers to these screening questions change during the day, the worker should inform their employer of the change and go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test.