

COVID-19 Screening Tool

NAME: _____

DATE: _____

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.

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
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
(For adults > 18 years or older) 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."
(For children < 18 years) Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have

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 home-based 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

A fully immunized individual is defined as any 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 (i.e., Johnson and Johnson)