

COVID-19 Screening Tool

Screening Questions (place an "X" in the appropriate column)

1. Have you had any of the following new or worsening symptoms in the last 10 days? Symptoms should not be chronic or related to other known causes or conditions.

Fever and/or chills (temperature of 37.8°C/100.0°F or greater)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough (more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing) <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., asthma, reactive airway) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze that is worse than usual if chronically short of breath) <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., asthma) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decrease or loss of smell or taste (new olfactory or taste disorder) <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., nasal polyps, allergies, neurological disorders) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Have you had any of the following new or worsening symptoms in the last 10 days? Symptoms should not be chronic or related to other known causes or conditions.

Sore throat (painful swallowing or difficulty swallowing) <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., post nasal drip, gastroesophageal reflux) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stuffy nose and/or runny nose (nasal congestion and/or rhinorrhea) <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., seasonal allergies, returning inside from the cold, chronic sinusitis unchanged from baseline, reactive airways) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache that is new and persistent, unusual, unexplained, or long-lasting <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting and/or diarrhea <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., transient vomiting due to anxiety, chronic vestibular dysfunction, irritable bowel syndrome, inflammatory bowel disease, side effect of medication) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue, lethargy, muscle aches or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained <ul style="list-style-type: none"> Not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction, anemia) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have you travelled outside of Canada in the past 14 days?

Yes No

4. Have you been in close contact with someone who is confirmed as having COVID-19 by your local public health unit (or from the COVID Alert app if they have their own phone)?

Yes No

5. Have you been directed by a health care provider including public health official to isolate?

Yes No

Results of Screening Questions

➤ If you answered "YES" to any of the symptoms included under question 1:

- You should stay home to isolate immediately.
- Contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment.

➤ If you answered "YES" to only one of the symptoms included under question 2:

- If the symptom began more than 24 hours prior to the assessment, the symptom is not worsening, and no other symptoms have developed, you may attend your scheduled assessment.
- If the symptom persists or worsens or if other symptoms develop, contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment. You will need to reschedule your assessment.

➤ If you answered "YES" to two or more of the symptoms included under question 2:

- You should stay home to isolate immediately. You will need to reschedule your assessment.
- Contact your health care provider for further advice or assessment, including if you need a COVID-19 test or other treatment.

➤ If you answered "YES" to question 3, 4 or 5:

- You should stay home to isolate immediately and follow the advice of public health. You will need to reschedule your assessment.
- If you develop symptoms, you should contact your local public health unit or your health care provider for further advice.