

# COVID-19 SCREENING QUESTIONNAIRE

**BY SCANNING AND ENTERING THIS FACILITY YOU ACKNOWLEDGE YOU  
HAVE NOT ANSWERED YES TO ANY OF THESE 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
  - Difficulty breathing or shortness of breath
  - Cough
  - Sore throat, trouble swallowing
  - Runny nose/stuffy nose or nasal congestion
  - Decrease or loss of smell or taste
  - Nausea, vomiting, diarrhea, abdominal pain
  - Not feeling well, extreme tiredness, sore muscles
2. Have you travelled outside of Canada in the past 14 days?
3. Have you had close contact with a confirmed or probable case of COVID-19.

**IF you have answered NO** to all of the above questions you have passed the COVID-19 screening and may scan in and enter the facility.

**IF you have answered YES** to any of the above questions you have NOT passed the COVID-19 screening and are advised to not to enter the facility and should go home to self-isolate immediately and contact your health provider or Telehealth Ontario (1-866-797-0000) to find out if you need a COVID-19 test.