
Date:

Employee Name:

Supervisor:

Required 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	Yes	No
Sore throat, trouble swallowing	Yes	No
Runny nose/stuffy nose or nasal congestion	Yes	No
Decrease or loss of smell or taste	Yes	No
Nausea, vomiting, diarrhea, abdominal pain	Yes	No
Not feeling well, extreme tiredness, sore muscles	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

Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 3**, they have passed and can enter the workplace.
- If the individual answers **YES to any questions from 1 through 3**, they have not passed and **should be advised that they should not** enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1 866-797-0000) to find out if they need a COVID-19 test.