

## COVID-19 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**

**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?**

4. **Do you have a mask to wear during our visit?**

5. **If client answers NO, then worker is to offer to bring PPE for the client.**

### Results of Screening Questions:

- *If the individual answers **NO** to all questions from 1 through 3, they have passed screening.*
- *If the client indicates that they will not wear a face mask consult with your Supervisor prior to attending the home*
- *If the individual answers **YES** to any questions from 1 through 3, they have not passed.*

*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.*

*As adapted from Ministry of Health Ontario  
COVID-19 Patient Screening Guidance Document (September 25, 2020)*