

Ontario Office of the Chief Medical Officer of Health COVID-19 Screening Questionnaire

- **Question 1.** Do you currently have one or more of the COVID-19 symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

<ul style="list-style-type: none">• Fever and/or chills (37.8°C or 100°F)• Cough or barking cough (croup)• Shortness of breath• Decrease or loss of smell or taste• Fatigue and/or muscle aches/joint pain• Nausea/vomiting and/or diarrhea	If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue, muscle aches and/or joint pain that only began after vaccination, select “No”.
--	---

- **Question 2.** In the last 14 days, have you or someone in your household travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?
- **Question 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.
- **Question 4.** Do you live with someone or have had close contact with someone who has been told by a doctor, health care provider, or public health unit that they should currently be isolating?
 - If you are fully immunized* or have tested positive for COVID-19 in the last 90 days and since been cleared, select “No”.
 - 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 answer **YES** to any one of the questions above, **PLEASE DO NOT attend the event.**

Anyone who is sick or has any symptoms of illness, including those not listed in the above screening tool, should stay home, and seek assessment from their health care provider if needed.