



## COVID-19 Screening Tool

1. Do you have any of the following **new or worsening** symptoms or signs?

Symptoms should not be related to chronic or other known causes or conditions.

Fever or chills  Yes  No

Difficulty breathing (shortness of breath)  Yes  No

Cough or barking cough (croup)  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, stomach pain  Yes  No

Not feeling well, extreme tiredness, sore muscles, headache  Yes  No

Pink eye  Yes  No

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

Yes  No

3. In the last 14 days, has Public Health Unit identified you as a close contact of someone who is currently has COVID-19?

Yes  No

4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

Yes  No

### Results of Screening Questions

- If answer is **NO to ALL** questions from 1 to 4, you passed and can enter this Building.
- If answer is **YES to ANY** questions from 1 to 4, you have not passed and are advised **not to enter** this Building. Please go home and self-isolate immediately and contact your health care provider or Telehealth Ontario at 1866-797-0000 or Grey Bruce Health Unit at 519-376-9420 ext. 3000 to find out if you require a COVID-19 test.