

Patient, Visitor, Vendor, Volunteer or Contractor COVID-19 Screener

Please share your responses to the questions below with the screener:

1. Have you had a fever of 37.8 degrees or greater in the last 24 hours?

Yes No Temperature: _____

2. Do you have any of the following symptoms or signs?

- New or worsening cough
- Shortness of breath
- Sore throat
- Runny nose, sneezing or nasal congestion
- Hoarse voice
- Difficulty swallowing
- New smell or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained fatigue/malaise
- Chills
- Headache

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

Yes No (If NO, go to question 4)

If YES, do you have proof that you are 14 days past your second COVID-19 vaccination?

Yes No (if yes, please bring proof that you are 14 days past your second COVID-19 vaccination to show at screening onsite)

4. Have you had contact with anyone self-isolating (as directed by a doctor, health care provider, public health unit or as per guidance for individuals returning from travel outside of Canada), and/or have you had contact with anyone waiting for test results after experiencing symptoms?

Yes No

5. Have you visited a facility or setting that was in an outbreak in the past 14 days?

Yes No

6. If yes to questions 5 - Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you were at this facility?

7. Have you had close contact with people with acute respiratory illness or a confirmed or probable case of COVID 19?

Yes (Go to question 7) No

8. If yes to questions 7 - Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

Yes No

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

Yes No

10. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

Yes No

Thank you for your participation.