

COVID 19 SCREENING QUESTIONS

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS?

- **Fever and/or chills**
- **Cough or barking cough (croup)**
- **Shortness of breath**
- **Sore throat**
- **Runny or stuffy/congested nose**
- **Decrease or loss of taste or smell**
- **Headache**
- **Digestive issues like nausea/vomiting, diarrhea, stomach pain**
- **Muscle aches/joint pain**
- **Extreme tiredness**

Is anyone you are currently living with experiencing any new COVID 19 symptoms &/or waiting for test results after experiencing symptoms?

In the past 14 days have you travelled outside of Canada and been told to quarantine?

In the past 14 days, have you been identified as a “close contact” of someone who currently has COVID 19?

In the last 14 days has anyone you live with travelled outside of Canada and been told to quarantine or been identified as a “close contact” of someone who currently has COVID 19 and been told to self-isolate by a doctor, healthcare provider or public health unit?

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