**Shape, logo, company name

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**PRE-SCREENING / SCREENING QUESTIONNAIRE**

**Contact Name: Date:**

**Contact Number: Contact Email:**

1. Have you received the COVID Vaccine? **YES** or **NO**

* If yes, when was your first dose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you scheduled for your second dose, if so when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you travelled outside of Canada in the last 14 day? **YES** or **NO**
2. Has someone you are in close contact with tested positive for COVID-19 in the last 14 days? **YES** or **NO**
3. Are you in close contact with a person?

* who recently travelled outside of Canada OR **YES** or **NO**
* who is sick with new respiratory symptomsOR **YES** or **NO**
* who has symptoms and who is awaiting COVID-19 test results? **YES** or **NO**

1. Do you have a fever? (Temperature >37.8 C)

* Temperature \_\_\_\_\_\_ (screener will have client take temperature)

1. Do you have any of these symptoms.

* Chills
* New or worsening cough (dry or productive)
* Barking cough (croup)
* Shortness of breath/difficulty breathing
* Sore throat
* Difficulty swallowing
* Loss of taste or smell
* Pink Eye (conjunctivitis)
* Headache that is unusual or long-lasting
* Runny or stuffy nose (not related to seasonal allergies or other known causes)
* Nausea/vomiting/diarrhea/abdominal pain
* Muscle aches
* Unexplained fatigue/malaise
* Falling more than usual
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have answered.

* **NO** to **all** questions – **PASS.** You may enter the building and proceed as scheduled
* **YES** to any questions from #1 to #4 – **FAIL.** Put on a surgical mask, go home immediately and self-isolate. Take the self-assessment at

covid-19.ontario.ca, or Telehealth Ontario (1-866-797-0000)

* **YES** to **#5 ONLY – FAIL.** Go to question #6.

1. Are these symptoms typical for you (i.e. history of allergies, migraines, other known medical condition that usually causes these symptoms)?

* **YES** – Please self-isolate. Contact your doctor for a note confirming that symptoms are typical before returning.
* **NO** – Go home immediately and self-isolate. Take the self-assessment at covid-19.ontario.ca, and follow any recommendations given by the tool, or Telehealth Ontario (1-866-797-0000)

Signature: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screener Signature: page1image2756434448

**JANESSA SIMONE**

Thank you for your participation and understanding!

­­­­­Janessa Simone Updated 27July2020