

COVID-19 Screening Questionnaire  
FROM ONTARIO MINISTRY OF HEALTH

1. Have you travelled outside Canada in the past 14 days?
2. Have you tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE (personal protective equipment)?
3. Do you have any of the following symptoms?
  - Fever
  - New onset cough
  - Worsening chronic cough
  - Shortness of breath
  - Difficulty breathing
  - Sore throat
  - Difficulty swallowing
  - Decrease or loss of sense of taste or smell
  - Chills
  - Headaches
  - Unexplained fatigue/malaise/muscle aches
  - Nausea/vomiting, diarrhea, abdominal pain
  - Pink eye
  - Runny nose/nasal congestion without other known cause
4. If you are 70 years of age or older: are you experiencing any of the following?
  - Delirium
  - Unexplained or increased number of falls
  - Acute functional decline
  - Worsening of chronic conditions