



Screening Questions for All Staff and Essential Visitors



Visitors must read the questions each time they visit as screening questions are subject to change frequently

1. Do you have any of the following symptoms for which there is no known cause?

If yes, is there a known reason? (e.g. lack of sleep, stress, allergies, dehydration, existing medical condition)

- | | | |
|--|------------------------------|-----------------------------|
| Fever (a temperature of 37.8 degree Celsius or higher) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conjunctivitis (pink eye) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath/difficulty breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New diagnosis of pneumonia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Different or worsening headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise/myalgia (sore muscles) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada or had close contact* with anyone that has travelled outside of Canada in the last 14 days?

- Yes No

3. Have you had close contact* with anyone with respiratory illness or a confirmed or suspected case of COVID-19 WITHOUT wearing the required PPE?

- Yes No

If **NO** to all questions, the individual has **PASSED** the screening process and may enter the facility.

If **YES** to any questions (after probing for more detail), individual has **FAILED** the screening process and may not enter the facility.

***Close contact means:**

- Lack of appropriate PPE use
- Less than 2 meters distance
- Greater than 5 minutes