

COVID-19 Screening Tool

Please use your own pen/pencil to complete to prevent the spread of infection.

Name: _____

Date: _____

Time: _____

In the past 24 hours, have you experienced any *symptoms, not due to previously known chronic conditions diagnosed by a health care professional?

Yes No

In the past 24 hours, has anyone in your household (other than yourself) experienced any *symptoms, not due to a previously known chronic condition diagnosed by a health care professional **and has not received a negative COVID-19 test result with respect to those symptoms?**

Yes No

In the past 14 days, have you been in close contact with someone who has *symptoms of COVID-19, **and 1) has travelled to a more heavily affected area of Canada 14 days prior to symptoms appearing or 2) had close contact with a confirmed case of COVID-19 or 3) has lived in or worked in a place with a confirmed outbreak of COVID-19 or 4) has been tested and results are unknown, and has not been told they can come out of isolation?**

Yes No

In the past 14 days, were you or someone you live with 1) advised to consult with a health care professional about COVID 19, but chose not to do so, **or 2) advised to get tested for COVID-19, but chose not to do so, or 3) tested for COVID-19 due to *symptoms, but have not yet received the result?**

Yes No

Have you returned from travel outside Canada in the past 14 days? (This does not include essential service workers who cross the border regularly for the purpose of performing an essential job or function as per the Order issued under the Quarantine Act).

Yes No

Symptoms

- Fever / chills
- New cough or a cough that is getting worse
- Loss of taste or smell
- Shortness of breath (while sitting or walking at a regular pace)
- Sore throat
- Runny nose / nasal congestion
- Unusual level of fatigue
- Unusual headache
- Nausea / vomiting, diarrhea, or loss of appetite
- Feeling unwell for an unknown reason

Self-isolation guidelines are different for adults and children,

as there is an exception for those with children who have been symptomatic for less than 24 hours.

Refer to niagararegion.ca/COVID19 for more details.

If you answered **YES** to any of the questions above, go home, self-isolate right away, and call your health care provider if you have or begin to develop symptoms.

COVID-19 Info-Line

905-688-8248 press 7 Toll-free: 1-888-505-6074
niagararegion.ca/COVID19

Niagara  Region