1.) Do you have any of the following new or worsening symptoms or signs?*

- **Fever or chills**
- **Cough**
- **Difficulty breathing or shortness of breath**
- **Sore throat, trouble swallowing**
- **Runny/stuffy nose**
- **Decrease or loss of taste or smell**
- **Nausea, vomiting, diarrhea**
- **Not feeling well, extreme tiredness, sore muscles**

2.) Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE?  
   Yes [ ]  No [ ]

3.) Have you travelled outside of Canada in the past 14 days?  
   Yes [ ]  No [ ]

* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is **new, different or getting worse**. Look for changes from your normal symptoms.

If you answered YES to any of these questions, go home & self-isolate. Call Telehealth or your health care provider, to find out if you need a test.

If you answered NO to all of these questions, you have passed and can go to work/attend your activity.

The following questions are used to screen for COVID-19 before entry into a workplace (business or organization) as per Ontario Regulation 364/20. They can also be used for other activities.

Name: _______________________________  Date: _______________  Time: _______________