STOP COVID-19  
Staff & Visitors complete before entering the school each day.

Name: __________________________ Date: __________ Time: __________

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 or trouble swallowing
- Runny or stuffy nose
- Decrease or loss of taste or smell
- Nausea, vomiting or diarrhea
- Not feeling well, extreme tiredness or sore muscles

* 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 question, 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.

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 □

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