# COVID-19 Clinic Screening Questionnaire

## 1. Do you have any of the following symptoms:
- fever or chills
- cough
- shortness of breath
- changes in your sense of taste/smell
- extreme tiredness
- sore throat
- muscle aches or joint pain

- nausea, vomiting, and/or diarrhea
- runny or stuffy or congested nose (not due to other underlying reasons like seasonal allergies or post-nasal drip)
- headache

## 2. Have you been tested for COVID-19 due to symptoms and are you awaiting results?
- Yes
- No

## 3. Have you tested positive for COVID-19 in the last 10 days?
If they answer “Yes” but is fully vaccinated* or under 12 AND has completed their 5 days of isolation, then you may select “No” depending on the urgency of the visit. Please check with program staff for review.

## 4. In the last 10 days, have you had contact** with someone who has tested positive for COVID-19 or has symptoms consistent with COVID-19?
If they answer “Yes” you may still select “No” if any of the following apply:
- if they have previously tested positive for COVID-19 in the last 90 days and have completed self-isolation
- they are 18+ and are fully vaccinated PLUS a booster (min 3 doses)
- they are under 18 years old and are fully vaccinated (min 2 doses)

## 5. In the last 14 days, have you travelled outside of Canada AND have been told to quarantine (per the federal quarantine requirements)?
- Yes
- No

## Results of COVID-19 Screening Questions:
- If response to ALL of the screening questions is NO  PASS screening
- If response to ANY of the screening questions is YES  FAIL screening

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*Fully vaccinated is defined as having received two doses of a COVID-19 vaccine or one dose of the Johnson & Johnson vaccine.

**Contact** is defined as being within 2 meters of an individual who tested positive for COVID-19 in the last 10 days.
**Fully vaccinated**

* You are considered **fully vaccinated** in Ontario if you have received:

- the full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines (two doses of Moderna, Pfizer-BioNTech, AstraZeneca, including COVISHIELD) in any combination or one dose of Janssen (Johnson & Johnson)
- one or two doses of a COVID-19 vaccine not authorized by Health followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada
- three doses of a COVID-19 vaccine not authorized by Health Canada
- your final dose of the COVID-19 vaccine at least 14 days before providing the proof of being fully vaccinated.

**Contact**

** You are considered a **contact** if you meet one of the following:

- you have been advised by public health or your employer that you have had contact with a confirmed case,
- you live with someone who is currently isolating because of a positive COVID-19 test,
- you live with someone who is currently isolating because of COVID-19 symptoms and/or,
- you live someone who is isolating while waiting for COVID-19 test results.