



COVID-19 Clinic Screening Questionnaire

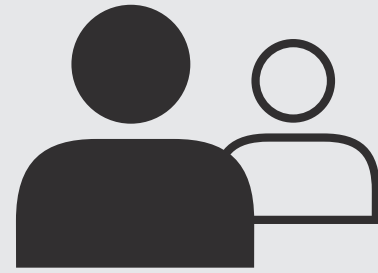
1	Do you have any of the following symptoms:	Yes	No
	<ul style="list-style-type: none"> • fever or chills • cough • shortness of breath • changes in your sense of taste/smell • extreme tiredness • sore throat • muscle aches or joint pain • nausea, vomiting, and/or diarrhea • runny or stuffy or congested 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.	Yes	No
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: <ul style="list-style-type: none"> • 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) 	Yes	No
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	



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.