

COVID-19 Expanded Symptoms Screening Tool

Symptom screening questions (check all that apply)			
Do you have new or worsening symptoms?	Yes	No	
Fever and/or chills			
Cough and/or barking cough			
Shortness of breath			
Decrease or loss of taste and/or smell			
Sore throat or trouble swallowing			
Runny or stuffy nose			
Abdominal pain that is persistent or ongoing (not related to known causes or conditions e.g., menstrual cramps, gastroesophageal reflux disease)			
Headache that is unusual or long lasting			
Conjunctivitis (pink eye)			
A decreased or lack of appetite			
For adults (18 years of age or older): Tiredness, muscle aches or joint pain <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px;">OR</td> </tr> </table> For children (under 18 years of age): Nausea, vomiting and/or diarrhea	OR		
OR			
Exposure history	Yes	No	
In the last 14 days, have you or someone you live with travelled outside of Canada AND been advised to quarantine (as per federal quarantine requirements)?			
Has a doctor, healthcare provider, or public health unit told you that you should currently be isolating (staying at home)?			
In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19?			
In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?			
In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?			
In the last 10 days, has someone you live with been identified as a “close contact” of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?			
Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?			
If “yes” to any of the above, do not enter. Go home, self-isolate and seek testing.			