# COVID-19 Screening Guidance Document

This screening document is adapted from the Ontario Provincial Ministry of Health June 11, 2020 guide. This document should be used to screen people who will be entering your place of business throughout the health emergency. Ensuring the health of owners/operators, employees, guests and the general public by following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

## COVID-19 Patient Screening Guidance

- This checklist provides basic information any for COVID-19 screening and should be used with applicable questions below.
- The screening test is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen for COVID-19 and can be adapted based on need/setting.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening questions may discontinue.

## COVID-19 Screening Questions:

We are currently taking measures to ensure your safety, the safety of our staff and guests and limit the risk of infection. To help us prevent the spread of COVID-19, we ask you to read this carefully and answer the questions below (you may want to read these out loud or over the phone to your staff/guest). Please act accordingly following the screening questions.

Q1: Have you travelled outside of Canada in the past 14 days? YES/NO

Q2: Have you tested positive for COVID-19 or had close contact with a person with COVID-19 (probable or confirmed) while they were ill, and you did not have appropriate PPE? YES/NO

Q3: Do you have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

## COVID-19 Screening Results

If response to **ALL** of the screening questions in **NO**: **COVID Screen Negative**

If response to **ANY** of the screening questions is **YES**: **COVID Screen Positive**

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