

Covid 19 Regular Screening Questions

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| Q1: | Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days? |
| Q2: | Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19? |
| Q3: | Does the person have any of the following symptoms: <ul style="list-style-type: none">• Fever• New onset of cough• Worsening chronic cough• Shortness of breath• Difficulty breathing• Sore throat• Difficulty swallowing• Decrease or loss of sense of taste or smell• Chills• Headaches• Unexplained fatigue/malaise/muscle aches (myalgias)• Nausea/vomiting, diarrhea, abdominal pain• Pink eye (conjunctivitis)• Runny nose/nasal congestion without other known cause |
| Q4: | If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions? |

COVID-19 Screening Results

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| If response to ALL of the screening questions is NO : | <i>COVID Screen Negative</i> |
| If response to ANY of the screening questions is YES : | <i>COVID Screen Positive</i> |

Date: _____

Signature: _____