COVID 19 ACTIVE SCREENING QUESTIONS

1. ARE YOU FULLY VACCINATED AGAINST COVID-19? (2 DOES) IF OVER THE AGE OF 12?
   YES, MOVE ONTO QUESTION 2   NO, YOU MAY NOT ENTER

2. IN THE LAST 5 DAYS, HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS?
   • FEVER OR CHILLS
   • COUGH OR BARKING COUGH
   • SHORTNESS OF BREATH
   • DECREASE OR LOSS OF TASTE OR SMELL
   • MUSCLE ACHES/JOINT PAIN
   • EXTREME TIREDNESS
   • SORE THROAT
   • RUNNY OR STUFF/CONGESTED NOSE
   • HEADACHE
   • NAUSEA, VOMITING AND/OR DIARRHEA
   NO, MOVE ONTO QUESTION 3   YES, YOU MAY NOT ENTER

3. IN THE LAST 14 DAYS, HAVE YOU TRAVELLED OUTSIDE CANADA AND BEEN TOLD TO QUARANTINE?
   NO, MOVE ONTO QUESTION 4   YES, YOU MAY NOT ENTER

4. HAS A DOCTOR, HEALTH CARE PROVIDER OR PUBLIC HEALTH TOLD YOU THAT YOU SHOULD CURRENTLY BE ISOLATING?
   NO, MOVE ONTO QUESTION 5   YES, YOU MAY NOT ENTER

5. IN THE LAST 5 DAYS, HAVE YOU TESTED POSITIVE FOR COVID-19?
   NO, MOVE ONTO QUESTION 6   YES, YOU MAY NOT ENTER

6. DO ANY OF THE FOLLOWING APPLY?
   • 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
   • YOU LIVE WITH SOMEONE WHO IS WAITING COVID-19 TEST RESULTS
   NO, MOVE ONTO QUESTION 7   YES, YOU MAY NOT ENTER

7. IN THE PAST 5 DAYS, HAVE YOU BEEN IDENTIFIED AS “CLOSE CONTACT” OF SOMEONE WHO CURRENTLY HAS COVID-19 OR SYMPTOMS OF COVID-19?
   NO, YOU MAY ENTER THE FACILITY   YES, YOU MAY NOT ENTER