

COVID-19 screening tool for employees and essential visitors in schools and child care settings

Version 5: May 31, 2021

Date (mm-dd-yyyy) _____

Screening Questions

- 1. In the last 14 days, have you travelled outside of Canada?**
If exempt from federal quarantine requirements (for example, an essential worker who crosses the Canada-US border regularly for work), select "No."

Yes No
- 2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?**
This can be because of an outbreak or contact tracing.

Yes No
- 3. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?**

Yes No
- 4. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?**
If you already went for a test and got a negative result, select "No."

Yes No
- 5. Are you currently experiencing any of these symptoms?**
Choose any/all that are new, worsening, and not related to other known causes or conditions you already have.

Fever and/or chills Yes No
 Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

Cough or barking cough (croup) Yes No
 Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)

Shortness of breath Yes No
 Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)

Decrease or loss of taste or smell Yes No
 Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

Sore throat Yes No
 Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have

Difficulty swallowing Yes No
 Painful swallowing (not related to other known causes or conditions you already have)

Runny or stuffy/congested nose Yes No
 Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have


Pink eye Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."	<input type="checkbox"/> Yes <input type="checkbox"/> No
Digestive issues like nausea/vomiting, diarrhea, stomach pain Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle aches Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extreme tiredness Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."	<input type="checkbox"/> Yes <input type="checkbox"/> No
Falling down often For older people	<input type="checkbox"/> Yes <input type="checkbox"/> No


6. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? Yes No


If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."


Results of screening questions

- !** If you answered "YES" to question 1 or 3 do not go to school or child care.
- You must isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
 - If you answered "YES" to question 1, follow the advice of public health. You can return to school/child care after you are cleared by your local public health unit.
 - If you answered "YES" to question 3, talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test. You can return to school/child care only after 14 days, even if you get a negative test result.
 - If you live in certain areas of the province, like Toronto or Peel, other people in your household must stay at home for 14 days. This is because of local risk factors.
 - If you live in other areas of Ontario, other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons for 14 days. Ask your school/child care for more information.
 - If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
 - Contact your school/child care provider to let them know about this result.

-  **If you answered “YES” to question 2 do not go to school or child care.**
- You must self-isolate (stay home) and not leave except for a medical emergency.
 - Follow the advice of public health. You can return to school/child care after you are cleared by your local public health unit.
 - If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
 - If you live in certain areas of the province, like Toronto or Peel, other people in your household must stay at home. This is because of local risk factors.
 - If you live in other areas of Ontario, other people in your household can go to school, child care or work, but must not leave the home for other non-essential reasons. Ask your school/child care for more information.
 - Contact your school/child care provider to let them know about this result.

-  **If you answered “YES” to question 4 do not go to school or child care.**
- You must self-isolate (stay home) and not leave except for a medical emergency.
 - Visit an assessment centre to get a COVID-19 test.
 - If you test negative (you do not have the virus), you can return to school/child care.
 - If you test positive (you have the virus), you can return only after you are cleared by your local public health unit.
 - If you develop symptoms, contact your local public health unit or doctor/health care provider for more advice.
 - Other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until you test negative or are cleared by your local public health unit.
 - Contact your school/child care provider to let them know about this result

-  **If you answered “YES” to any of the symptoms included under question 5 or “YES” to question 6, do not go to school or child care.**
- You and your entire household must self-isolate (stay home) and not leave except to get tested or for a medical emergency.
 - If you answered “YES” to question 5, talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test.
 - If you answered “YES” to question 6, you can return to school/child care after the person gets a negative COVID-19 test result, or is cleared by your local public health unit, or is diagnosed with another illness.
 - Other people in your household must stay at home until you or the individual gets a negative COVID-19 test result, or are cleared by your local public health unit, or are diagnosed with other illness.
 - Contact your school/child care provider to let them know about this result.

-  **If you answered “NO” to all questions, you can go to school/child care because you seem to be healthy and have not been exposed to COVID-19. Follow your school/child care provider’s established process for letting staff know about this result (if applicable).**

If you have received a COVID-19 vaccination in the last 48 hours and you have mild headache, fatigue, muscle aches and/or joint pain that only began after immunization, and no other symptoms, you are to wear a surgical/procedure mask for your entire time at work. Your mask may only be removed to consume food or drink and you must remain at least two metres away from others when your mask has been removed. If the symptoms worsen, continue past 48 hours, or if you develop other symptoms, you should leave work immediately to self-isolate and seek COVID-19 testing.

Public Health Ontario – Contact Tracing

Answering these questions is optional. This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: _____

Name: _____

Phone or Email: _____