COVID-19 Screening Tool

Please use your own pen/pencil to complete to prevent the spread of infection.

Name: (Please Print)

Date: Phone # or Email

In the past 24 hours, have you experienced any *symptoms, not due to previously known chronic conditions diagnosed by a health care professional?

○ Yes ○ No

In the past 24 hours, has anyone in your household (other than yourself) experienced any *symptoms, not due to a previously known chronic condition diagnosed by a health care professional AND has not received a negative COVID-19 test result with respect to those symptoms? If you are fully vaccinated and you have not been advised to self-isolate by Public Health select 'No'.

○ Yes ○ No

In the last 10 days, have you been identified as a 'high-risk contact' with someone who currently has COVID-19? If you are fully vaccinated and you have not been advised to self-isolate by Public Health select 'No'.

○ Yes ○ No

In the past 10 days, have you been in close contact with someone who has *symptoms of COVID-19, AND has travelled to a more heavily affected area of Canada 10 days prior to symptoms appearing OR has been tested and lab results are inconclusive, and public health has not released them from isolation? If you are fully vaccinated and you have not been advised to self-isolate by Public Health select 'No'.

○ Yes ○ No

In the past 10 days, were you advised to consult with a heath care professional about COVID 19, but chose not to do so, OR advised to get tested for COVID-19, but chose not to do so, OR tested for COVID-19 due to *symptoms, but have not yet received the result? This question does not pertain to those who were tested as part of workplace surveillance.

○ Yes ○ No

Symptoms

- Fever / chills
- New cough or a cough that is getting worse
- Shortness of breath
- Decrease or loss of taste or smell
- Fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness)**
- Muscle aches or pain**
- Nausea / vomiting, diarrhea
- Sore throat (painful swallowing or difficulty swallowing)
- Runny nose / nasal congestion
- Headache**
- For young children: decreased or lack of appetite

Other symptoms:

- Abdominal pain
- Conjunctivitis (pink eye)

**Not related to getting a COVID-19 vaccine in the last 48 hours

Refer to niagararegion.ca/COVID19 for more details.

You are considered fully vaccinated when you have received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines, OR
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, OR
- Three doses of a COVID-19 vaccine not authorized by Health Canada;

You must also have received your final dose of the COVID-19 vaccine at least 14 days ago.

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In the past 10 days, was someone you live with advised to consult with a Health Care Professional about COVID-19, but chose not to do so, OR advised to get tested for COVID-19, but chose not to do so, OR tested for COVID-19 due to symptoms but have not yet received the result? This question does not pertain to those who live with someone who was tested as part of workplace surveillance. If you are fully vaccinated and you have not been advised to self-isolate by Public Health select 'No'.

○ Yes ○ No

In the past 14 days, have you travelled outside of Canada? If you are exempt from quarantine requirements because you are an essential worker or you are fully vaccinated, select 'No'

○ Yes ○ No

If you answered **YES** to any of the questions above, go home, self-isolate right away, and call your health care provider if you have or begin to develop symptoms.

COVID-19 Info-Line

905-688-8248 press 7 Toll-free: 1-888-505-6074
niagararegion.ca/COVID19

Niagara Region

Created September 2020. Updated September 2021, version 3. Information about COVID-19 is evolving. Guidance from the Federal and Provincial governments change often. Refer to our website.