**COVID-19 Workplace Screening Questions  
Ontario**

Please answer the following questions if you are entering the workplace today. “Entering the workplace” includes entering any office, client home, job site, outdoor workplace, etc. It does not include working from home. You will need to complete these questions every day before your shift. If you answer yes to any of the following questions, do not enter the workplace.

1. Do you have any of the following **new or worsening** symptoms or signs? Symptoms should not be chronic or related to other known causes or medical conditions you are already aware of.

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

Difficulty breathing or shortness of breath (Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have for example, asthma)).

Yes  
 No

Cough or barking cough (croup) (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).

Yes  
 No

Sore throat, difficulty swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have).

Yes  
 No

Runny nose/stuffy nose or nasal congestion (not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have).

Yes  
 No

Decrease or loss of smell or taste (Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have)

Yes  
 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)

Yes  
 No

Extreme tiredness that is unusual or muscle aches that are unusual or long lasting, (Fatigue, lack of energy, (not related to depression, insomnia, thyroid dysfunction, sudden injury, fibromyalgia or other known causes or conditions you already have)).

Yes  
 No

Headache that are unusual and/or long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)

Yes  
 No

Pink eye, Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have). Check not applicable if you are under 18 years of age.

Yes  
 No

Not applicable

Falling down often (for older people). Check not applicable if you are under 18 years of age.  
 Yes  
 No

Not applicable

In the last 14 days, have you or anyone you live with travelled outside of Canada?   
 Yes  
 No

1. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? Yes  
    No
2. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?  
    Yes  
    No
3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?  
    Yes  
    No
4. In the last 14 days, have you received a COVID Alert exposure notification on your cell? If you already went for a test and got a negative result, select “No.”

Yes  
 No

If you answered yes on one of the screening questions, you should not enter the workplace (including any outdoor, or partially outdoor, workplace). You should go home immediately and self-isolate for 14 days. If you develop symptoms, please refer to the self-assessment link on the Canada.ca webpage to find out if you require a COVID-19 test.