

COVID-19 Screening Questionnaire

	NO	YES
Are you experiencing any of the following: <ul style="list-style-type: none"> • Severe Difficulty Breathing (Struggling to breathe or speak) • Severe Chest Pain • Feeling Confused 		
Are you experiencing any of the following: <ul style="list-style-type: none"> • Mild to moderate shortness of breath • Inability to lie down because of difficulty breathing • Chronic Health conditions that you are having difficulty managing because of difficulty breathing 		
Are you experiencing any of the following: <ul style="list-style-type: none"> • Fever • Cough • Sore throat • Runny Nose • Headache 		
Have you travelled to any countries outside of Canada (including the United States) within the last 14 days?		
Within the last 14 days, did you provide care or have close contact with a symptomatic person known or suspected to have COVID-19?		
Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (fever, cough, sore throat, runny nose or headache)?		
Close contact is defined as a person who: <ul style="list-style-type: none"> • <i>Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of PPE or</i> • <i>Lived with or had close prolonged contact (within 2 metres) with the person while they were infectious; or</i> • <i>Had direct contact with infectious bodily fluids of the person (eg. Coughed or sneezed on while not wearing the recommended PPE.</i> 		

The Public Health Agency of Canada strongly urges anyone who has any of the following symptoms: fever, cough, sore throat, runny nose or headache to **ISOLATE** at home or another suitable location.