
Appendix A

COVID- 19 Screening Questions for Signage on entrances to CONTACT locations

1. Have you travelled outside of Canada in the last 14 days?* **YES / NO**
2. Did you have a “close contact” with someone who has COVID-19 in the last 14 days? **YES / NO**
3. Have you received a COVID Alert exposure notification in the last 14 days (and have not been tested or waiting for your result)? **YES / NO**
4. Are you in close contact with a person who is sick with new respiratory symptoms or who recently traveled outside of Canada? **YES / NO**
5. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? **YES / 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**
7. Have you experienced any one of these symptoms in the last 14 days?* **YES / NO**

- New or worsening cough (dry or productive)
- Barking cough (croup) Chills
- Shortness of breath/difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of smell or taste
- Pink eye (conjunctivitis)
- Headache that is unusual or long-lasting

- Runny or stuffy nose (not seasonal allergies or other known causes)
- Nausea/vomiting/diarrhea/abdominal pain
- Muscle aches
- Extreme tiredness
- Unexplained fatigue/malaise
- Stomach pain
- Falling down often (for older adults)

If you answer YES to any one of the questions above, PLEASE contact either your health care provider or Telehealth Ontario (1-866-797-0000) to get advice or a clinical assessment, including a COVID-19 test

