



COVID-19 customer screening

The questions in this tool have been defined by the Ministry of Health.

1. Do any of the following apply to you?

- I am fully vaccinated against COVID-19 (it has been 14 days or more since your final dose of either a two-dose or a one-dose vaccine series)
- I have tested positive for COVID-19 in the last 90 days (and since been cleared)

Yes

No

_Personal health information is not collected when you complete this screening tool. The purpose of this question is to provide accurate isolation instructions which are based on vaccination status.

2. Are you currently experiencing any of these symptoms?

Fever and/or chills Cough or barking cough (croup) Shortness of breath Decrease or loss of taste or smell Muscle aches/joint pain Extreme tiredness None of the above

3. Is anyone you live with currently experiencing any new COVID-19 symptoms (listed below) and/or waiting for test results after experiencing symptoms?

- Children (17 years old or younger): fever and/or chills, cough or barking cough, shortness of breath, decrease or loss of taste or smell, nausea, vomiting and/or diarrhea
- Adults (18 years old or older): fever and/or chills, cough or barking cough, shortness of breath, decrease or loss of taste or smell, tiredness, muscle aches

_If the person got a COVID-19 vaccine in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”

Yes

No

4. In the last 14 days, have you traveled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

Yes

No

5. 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

6. In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19?

_If public health has advised you that you do not need to self-isolate, select “No.”

Yes

No

7. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

_If you have since tested negative on a lab-based PCR test, select "No."

Yes

No

8. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?

_If you already went for a PCR test and got a negative result, select “No.”

Yes

No

9. In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

Yes

No

10. In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider, or public health unit to self-isolate?

Yes

No

11. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

_Children (<18 years old): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; nausea, vomiting and/or diarrhea

_Adults: (\geq 18 years old): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; tiredness; muscle aches.

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

Yes

No

Name: _____ Email: _____

Phone: _____ Time: _____ Am Pm

Thank You