

## Questions

1. **Do you currently have one or more of the COVID-19 symptoms below that are new or worsening?**

Symptoms should not be chronic or related to other known causes or conditions.

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| <ul style="list-style-type: none"> <li>• fever and/or chills</li> <li>• cough or barking cough (croup)</li> <li>• shortness of breath</li> <li>• decrease or loss of smell or taste</li> <li>• fatigue and/or malaise (for adults)</li> <li>• nausea/vomiting, and/or diarrhea (for &lt;18 years of age)</li> </ul> | <p><b>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue, muscle aches and/or joint pain that only began after vaccination, select “No.”</b></p> |
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2. **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.

3. **Do you live with someone who has been told by a doctor, health care provider, or public health unit that they should currently be isolating?** If you are fully immunized<sup>1</sup> or have tested positive for COVID-19 in the last 90 days and since been cleared<sup>2</sup>, select “No.”

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

If you answer YES to any one of the questions above, PLEASE DO NOT enter this location AND contact either your health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test.

**For more information, including exceptions to above questions, please see the patron screening tool.**

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<sup>1</sup> A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson).