

COVID-19 SCREENING TOOL

FOR BUSINESSES

In the last 5 days, have you experienced any of the following?

ONE of the following symptoms:



Fever and/or chills



Cough or barking cough (croup)



Shortness of breath



Decrease or loss of smell or taste

OR

TWO OR MORE of the following:



Extreme fatigue



Muscle aches/joint pain



Nausea/vomiting, and or diarrhea



Sore throat



Runny or stuffy nose



Headache



A health care provider or a public health unit has told you that **you should be isolating.**



You live with someone who is currently isolating because of a positive COVID-19 test, is experiencing symptoms, or is awaiting COVID-19 test results. You may be required to isolate depending on your age and vaccination status.

For exemptions, please scan the QR code or visit: www.covid-19.ontario.ca/self-assessment



Have you travelled outside of Canada in the last 14 days and have been directed to quarantine by the border agent?



If you answer YES to any of the questions, please do not enter this location and contact a health care provider if further assistance is needed.