

COVID-19 SCREENING TOOL FOR THE WORKPLACE

DO YOU HAVE ANY OF THE FOLLOWING...

* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.



Fever or chills



Cough



Difficulty breathing or shortness of breath



Sore throat, trouble swallowing



Runny nose



Loss of taste or smell



Not feeling well or muscle aches



Nausea, vomiting, diarrhea



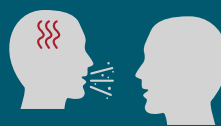
Pink eye



Unusual headache



Falling down often (older adults)



In the past 14 days, have you been identified as a 'close contact' of someone who has COVID-19?



Have you or anyone in your household travelled outside of Canada in the last 14 days? (excluding those who are exempt from federal quarantine)



Has a health care provider or public health unit told you that you should be isolating?



Is anyone you live with currently having new COVID-19 symptoms and/or waiting for results after having symptoms?



Have you received a COVID-19 alert exposure notification on your cell phone?

If 'Yes' to any symptom:

Go home and self-isolate



Get tested

or

Contact Telehealth or your health care provider

If 'Yes' to any above questions:

Go home



Follow public health advice