**Staff/Volunteers/All Visitors (except church attendees on Sunday)**

**Required Screening Questions**

1. Do you have any of the following new or worsening symptoms or signs?

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

|  |  |  |
| --- | --- | --- |
| Fever or chills  | [ ]  Yes | [ ]  No |
| Difficulty breathing or shortness of breath  | [ ]  Yes | [ ]  No |
| Cough  | [ ]  Yes | [ ]  No |
| Sore throat, trouble swallowing  | [ ]  Yes | [ ]  No |
| Runny nose/stuffy nose or nasal congestion  | [ ]  Yes | [ ]  No |
| Decrease or loss of smell or taste  | [ ]  Yes | [ ]  No |
| Nausea, vomiting, diarrhea, abdominal pain  | [ ]  Yes | [ ]  No |
| Not feeling well, extreme tiredness, sore muscles  | [ ]  Yes | [ ]  No |

1. Have you travelled outside of Canada in the past 14 days?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

1. Have you had close contact with a confirmed or probable case of COVID-19?

|  |  |
| --- | --- |
| [ ]  Yes | [ ]  No |

**Results of Screening Questions**

* If the individual answers **NO to all questions from 1 through 3**, they have passed and can enter the workplace.
* If the individual answers **YES to any questions from 1 through 3**, they have not passed and **should be advised that they should not** enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1 866-797-0000) to find out if they need a COVID-19 test.