

CWSDS Entrance Self Screening Questions

- ▶ 1. Do you have one or more of the COVID-19 symptoms below?
 - fever and/or chills
 - cough or barking cough (croup)
 - shortness of breath
 - sore throat
 - difficulty swallowing
 - decrease or loss of smell or taste
 - runny or stuffy/congested nose
 - headache
 - nausea/vomiting, diarrhea
 - muscle aches
 - extreme tiredness
 - pink eye (for adults)
 - stomach pain (for adults)
 - falling down often (for older adults)

Self Screening Tool Continued

- ▶ Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?
- ▶ Have you been identified as a “close contact” of someone who currently has COVID-19 in the last 14 days?
- ▶ Have you received a COVID Alert exposure notification on your cell phone in the last 14 days (and have not been tested or waiting for your result)?
- ▶ Have you or anyone you live with traveled outside of Canada in the last 14 days?
- ▶ Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
- ▶ 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) to get advice or an assessment, including if you need a COVID-19 test