



# COVID-19 Screening

For staff/visitors/adult learners at child care & school settings

Updated Oct. 5, 2021

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



Fever and/or chills



Cough



Trouble breathing



Decrease or loss of taste or smell



Tired, sore muscles or joints

- If you have a health condition diagnosed by a health care provider that gives you the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".
- Anyone who is sick or has any symptoms of illness, including those not listed above, should stay home and seek assessment from their health care provider if needed.

If "YES" to any symptom:



Stay home & self-isolate



Get tested with a PCR test

Or



Contact a health care provider

## 2. Does anyone in your household have one or more COVID-19 symptoms and/or are waiting for test results after experiencing symptoms?

Yes

No

- If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared, select "No".

## 3. Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes

No

- If you are fully vaccinated\* or have tested positive for COVID-19 in the last 90 days and been cleared or public health has told you that you do not have to self-isolate, select "No".

## 4. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

Yes

No

- If you have since tested negative on a lab-based PCR test, select "No."

## 5. In the last 14 days have you travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)?

Yes

No

If "YES" to questions 2,3,4 or 5:



Stay home & self-isolate



Follow public health advice



\* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 series or as defined by the Ontario Ministry of Health