



COVID-19 Self Screening Questionnaire











Name: _____

Date: _____

Phone: _____

Time: _____

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

Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Fever or chills</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Cough</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Trouble breathing</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Sore throat or trouble swallowing</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Runny or stuffy nose</p>
Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Decrease or loss of taste or smell</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Nausea, vomiting or diarrhea</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Pink eye</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Headache*</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  <p>Very tired, sore muscles or joints*</p>

If you have an existing health condition that gives you the symptoms, select "No," unless the symptom is new, different or getting worse.

*If mild headache, tiredness, sore muscles or joints occur within 48 hours after getting a COVID-19 vaccine, select "No" and wear a medical mask when at work. If symptoms last longer than 48 hours or worsen, select "Yes".

If "YES" to any symptoms: Stay home & self-isolate + get tested or contact a health care provider

2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms? Yes
No
- If you are fully vaccinated*, select "No."
 - If the household member's mild headache, tiredness, sore muscles or joints occurred within 48 hours after getting a COVID-19 vaccine, select "No". If their symptoms last longer than 48 hours or worsen, select "Yes."
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** and have not been advised to self-isolate by public health, 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 + follow Toronto Public Health advice

Venues must keep a record of attendance + contact information for all attendees for 30 days and then shred.

Developed in accordance with recommendations and instructions issued by the [Office of the Chief Medical Officer of Health](#)

*Fully vaccinated is defined as an individual ≥14 days after receiving their second dose of a two-dose COVID-19 vaccine series or a single dose of a one-dose COVID-19 vaccine series. →

I HAVE SYMPTOMS OF COVID-19, WHAT SHOULD I DO?



STAY HOME & SELF-ISOLATE. GET TESTED

- If symptoms of a mild headache, tiredness, sore muscles or joints occur within 48 hours after getting a vaccine, you do not need to isolate. You must wear a medical mask. If your symptoms last longer than 48 hours or worsen, stay home, self-isolate and get tested.

WHAT WAS THE RESULT OF YOUR COVID-19 TEST?

POSITIVE

- You must stay home & self-isolate for 10 days from the day your symptoms started.
- Toronto Public Health or your local health unit will contact you to do an investigation & will provide further instructions.

NEGATIVE

Are you a close contact of someone who tested positive for COVID-19 in the last 14 days?

- Yes **If you are not fully vaccinated**:** you need to self-isolate for 14 days from last exposure to the person who was positive.
- Yes **If you are fully vaccinated**:** you may return to work 24 hours after your symptoms have started improving.
- Yes **If you only received an exposure notification through the COVID Alert app:** you can return to work 24 hours after your symptoms have started improving.

NOT TESTED

- You must stay home & self-isolate for 10 days from the day your symptoms started. After 10 days, you can return to work if your symptoms have been improving for at least 24 hours.
- If a health care provider has diagnosed a condition that isn't related to COVID-19, you can return to work 24 hours after your symptoms improve.



I HAVE TRAVELLED OUTSIDE OF CANADA IN THE LAST 14 DAYS, WHAT SHOULD I DO?

- Stay home and self-isolate for 14 days, even if you test negative.
- If you are exempted from federal quarantine as per [Group Exemptions, Quarantine Requirements](#) under the Quarantine Act, you do not need to isolate.
- If you have symptoms, even if you are exempted from federal quarantine, you should get tested

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