

COVID-19 Screening Tool

Please use your own pen/pencil to complete to prevent the spread of infection.

Name:

Date:

Time:

Do you have any of the following:

- | | | |
|---|-----|----|
| 1. Fever / chills | Yes | No |
| 2. New cough or a cough that is getting worse | Yes | No |
| 3. Difficulty breathing | Yes | No |
| 4. Shortness of breath (even when sitting or walking regularly) | Yes | No |
| 5. Sore throat (not due to allergies) | Yes | No |
| 6. A runny or congested nose (not due to allergies) | Yes | No |
| 7. Unusual level of fatigue | Yes | No |
| 8. Unusual headache | Yes | No |
| 9. Nausea / vomiting, diarrhea, or loss of appetite | Yes | No |
| 10. Feeling unwell for an unknown reason | Yes | No |

Have you been in close contact with someone who is either sick, sent for testing, or has confirmed COVID-19 in the past 14 days?

Yes No

Have you returned from travel outside Canada in the past 14 days?

Yes No

If you answered YES to any of the these questions, notify your workplace, go home and self-isolate right away. Call your health care provider or the COVID-19 Info-Line at 905-688-8248 and a public health professional will give you detailed instructions to follow to protect you, your family and members of the public.

Novel Coronavirus (COVID-19) Info-Line

Talk to a public health professional Monday to Friday from 9:15 a.m. to 8:30 p.m., and Saturday and Sunday from 9:15 a.m. to 4:15 p.m.

905-688-8248 press 7, then press 2 Toll-free: 1-888-505-6074

niagararegion.ca/health

Niagara  Region