Ontario Shores
Centre for Mental Health Sciences

Patient, Visitor, Vendor, Volunteer or Contractor COVID-19 Screener

Please share your responses to the questions below with the screener:

1. Have you had a fever of 37.8 degrees or greater in the last 24 hours?
   □Yes □No Temperature:_____

2. Do you have any of the following symptoms or signs?
   - New or worsening cough
   - Shortness of breath
   - Sore throat
   - Runny nose, sneezing or nasal congestion
   - Hoarse voice
   - Difficulty swallowing
   - New smell or taste disorder(s)
   - Nausea/vomiting, diarrhea, abdominal pain
   - Unexplained fatigue/malaise
   - Chills
   - Headache

3. Have you travelled or been in contact with people that have travelled in the past 14 days?
   □Yes □No

4. Have you visited anyone self-isolating or that is symptomatic in the past 14 days?
   □Yes □No

5. Have you visited anywhere that was in an outbreak in the past 14 days?
   □Yes □No

6. Have you had close contact with people with acute respiratory illness or a confirmed or probable case of COVID 19?
   □Yes (Go to question 7) □ No

7. If yes to questions 6 - Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?
   □Yes □No

Thank you for your participation.