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## 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 outside of Canada in the past 14 days?  
 Yes  No (If NO, go to question 4)  
If YES, do you have proof that you are 14 days past your second COVID-19 vaccination?  
 Yes  No (if yes, please bring proof that you are 14 days past your second COVID-19 vaccination to show at screening onsite)
4. Have you had contact with anyone self-isolating (as directed by a doctor, health care provider, public health unit or as per guidance for individuals returning from travel outside of Canada), and/or have you had contact with anyone waiting for test results after experiencing symptoms?  
 Yes  No
5. Have you visited a facility or setting that was in an outbreak in the past 14 days?  
 Yes  No
6. If yes to questions 5 - 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 were at this facility?
7. Have you had close contact with people with acute respiratory illness or a confirmed or probable case of COVID 19?  
 Yes (Go to question 8)  No
8. If yes to questions 7 - 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
9. Has a doctor, health care provider or public health unit told you that you should be currently in isolation (staying at home)? Please note this includes any directions for isolation issued to you if you recently returned to Canada.  
 Yes  No
10. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?  
 Yes  No
11. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit? (If you have since tested negative on a lab-based PCR test, select "No").  
 Yes  No
12. Are you a visitor or contractor?  
 Yes (Proceed to next question)  No  
Do you have proof to share at entrance of full COVID-19 vaccination (2 doses, including 14 days since your second dose)?  Yes  No (If NO and you are a visitor, proceed to next question)  
Are you an essential visitor that has been approved by Ontario Shores for an exception to the COVID-19 vaccination requirement?  Yes  No  
Are you accompanying an outpatient to an appointment?  Yes  No  
Are you visiting somebody in the Geriatrics Program?  Yes (Proceed to next question)  No  
If yes, do you have proof of a negative COVID-19 PCR test within 72 hours of your visit?  Yes  No

*Thank you for your participation.*