

Do not enter –

If you answer ‘Yes’ to any of these questions



Required Screening Questions

1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

- | | | |
|---|------------------------------|-----------------------------|
| Fever or chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat, trouble swallowing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose/stuffy nose or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decrease or loss of smell or taste | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea, vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not feeling well, extreme tiredness, sore muscles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada in the past 14 days?

- Yes No

3. Have you had close contact with a confirmed or probable case of COVID-19?

- Yes No

If you answer ‘Yes’ to any of these questions: Do not enter; Public Health Ontario states that you should go home to self-isolate immediately and contact your health care provider, or Telehealth Ontario (1 866-797-0000), to determine whether you need a COVID-19 test.

Thank you.

COVID-19 Safety – Ready...together

BAO | Bereavement
Authority of
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