



Active Screening Questions

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

- New or worsening cough
- Shortness of breath
- Sore throat?
- Runny nose, sneezing or nasal congestion (in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip)
- Hoarse voice
- Difficulty swallowing
- New smell or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Unexplained fatigue/malaise
- Chills
- Headache

2. Have you travelled outside of Canada OR had close contact with anyone that has travelled outside of Canada in the past 14 days?

3. Do you have a fever?

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

If yes, 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?