



## COVID-19 SCREENING TOOL

1. Do you or anyone in your household have 1 or more of these new or worsening symptoms today or in the last 5 or 10 days?



Fever > 37.8°C and/or chills



Cough



Difficulty breathing



Decrease or loss of taste/smell

2. Do you or anyone in your household have 2 or more of these new or worsening symptoms today or in the last 5 or 10 days?



Sore throat



Headache



Feeling very tired



Runny nose/  
nasal congestion



Muscle aches/  
joint pain



Nausea, vomiting  
or diarrhea

- If you are fully vaccinated (not immune compromised) and experiences the symptom(s) over 5 days ago and the symptoms have been improving for over 24 hours, select No.
- If you are unvaccinated or immune compromised and experienced the symptom(s) over 10 days ago and the symptom(s) have been improving for over 24 hours, select No.
- If you regularly have any of these symptoms and they have no changed or worsened, select No.

3. Has a Doctor, Health Care Provider, or Public Health Unit told you that you should currently be isolating (staying home)?

4. In the last 14 days, have you travelled outside of Canada?

If [exempt from federal quarantine requirements](#) as directed by the border agent at your point of entry (for example, you have two or more doses of a COVID-19 vaccine and have met the specific conditions, or an essential worker who crosses the Canada-US border regularly for work), select "No."

5. Do any of the following apply?

- You live with someone who is currently isolating because of a positive COVID-19 test
- You live with someone who is currently isolating because of COVID-19 symptoms
- You live with someone who is waiting for COVID-19 test results
- In the last 10 days, you have been identified as a close contact of someone who currently has COVID-19 and you are not fully vaccinated or you are immune compromised

**If you answered YES to any of these questions, go home & self-isolate.**