COVID-19 Screening Tool

Please complete this tool to help prevent the spread of infection.

Name: ______________________ Date: __________ Time: __________

Do you have any of the following:

1.	Fever / chills	Yes	No
2.	New cough or a cough that is getting worse	Yes	No
3.	Difficulty breathing	Yes	No
4.	Shortness of breath (even when sitting or walking regularly)	Yes	No
5.	Sore throat (not due to allergies)	Yes	No
6.	A runny or congested nose (not due to allergies)	Yes	No
7.	Unusual level of fatigue	Yes	No
8.	Unusual headache	Yes	No
9.	Nausea / vomiting, diarrhea, or loss of appetite	Yes	No
10.	Feeling unwell for an unknown reason	Yes	No

In the last 14 days, have you been in close contact with a positive COVID-19 case, or been advised to self-isolate by public health?

Yes No

Have you returned from travel outside Canada in the past 14 days?

Yes No

If you answered YES to any of these questions, notify your workplace, go home and self-isolate right away. Call your health care provider or HPPH Health Line at 1-888-221-2133 ext 3267 and a public health nurse will give you detailed instructions to follow to protect you, your family and members of the public.

1-888-221-2133
www.hpph.ca/coronavirus

Adapted with permission from Niagara Region - September 2020. Information regarding COVID-19 is fluid and rapidly changing. Guidance from the Federal and Provincial governments change often.