

NAME:

DATE

Workplace Screening Tool

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.)

- a. Fever or chills
- b. Difficulty breathing or shortness of breath
- c. Cough
- d. Sore throat, trouble swallowing
- e. Runny nose/stuffy nose or nasal congestion
- f. Decrease or loss of smell or taste
- g. Nausea, vomiting, diarrhea, abdominal pain
- h. Not feeling well, extreme tiredness, sore muscles



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

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

A positive answer to any of these questions or symptoms will be a bar to entry to the workplace.

**Use of the screening tool became mandatory by virtue of Ontario Regulation 364/20 under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020; specifically, section 2 of Schedule 1 that mandates that operation of a business or organization must be in compliance with the advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health on screening individuals.*

Please save electronically to your phone or print a paper copy for presentation upon entrance to the facility