

COVID 19 ACTIVE SCREENING QUESTIONS

1. ARE YOU FULLY VACCINATED AGAINST COVID-19? (2 DOSES) IF OVER THE AGE OF 12?

YES, MOVE ON TO QUESTIONS, NO YOU MAY NOT ENTER.

2. IN THE LAST 5 DAYS, HAVE YOU EXPERIENCED ANY OF THESE SYMPTOMS?

- FEVER OR CHILLS
- COUGH OR BARKING COUGH
- SHORTNESS OF BREATH
- DECREASE OR LOSS OF TASTE OR SMELL
- MUSCLE ACHES/JOINT PAIN
- EXTREME TIREDNESS
- SORE THROAT
- RUNNY OR STUFF/CONGESTED NOSE
- HEADACHE
- NAUSEA, VOMITING AND/OR DIARRHEA

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.

3. IN THE LAST 14 DAYS, HAVE YOU TRAVELLED OUTSIDE CANADA AND BEEN TO QUARANTINE?

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.

4. HAS A DOCTOR, HEALTH CARE PROVIDER OR PUBLIC HEALTH TOLD YOU THAT YOU SHOULD CURRENTLY BE ISOLATING?

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.

5. IN THE LAST 5 DAYS, HAVE YOU TESTED POSITIVE FOR COVID-19?

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.

6. 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 COVID-19 TEST RESULTS

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.

7. IN THE PAST 5 DAYS, HAVE YOU BEEN IDENTIFIED AS “CLOSE CONTACT” OF SOMEONE WHO CURRENTLY HAS COVID-19 OR SYMPTOMS OF COVID-19?

NO MOVE ONTO NEXT QUESTION, YES YOU MAY NOT ENTER.