



1. In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions that you already have.

Do you have one or more of the following symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fever and/or Chills</b>	Temperature of 38 degrees Celsius/100 degrees Fahrenheit or higher.
<b>Cough or Barking Cough (croup)</b>	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have.
<b>Shortness of Breath</b>	Not related to asthma or other known causes or conditions you already have.
<b>Decrease of Loss of Smell or Taste</b>	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.
<b>Muscle Aches/Joint Pain</b>	<p>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have).</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, Select "No".</i></p>
<b>Fatigue</b>	<p>Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have).</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, Select "No".</i></p>
<b>Sore Throat</b>	Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have).
<b>Runny or Stuffy/Congested Nose</b>	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have.
<b>Headache</b>	<p>New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have).</p> <p><i>If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, Select "No".</i></p>

<p><b>Nausea, Vomiting and/or Diarrhea</b></p>	<p>Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have.</p>
<p><b>2. Have you been told that you should currently be quarantining, isolating, staying at home, or not attending a highest risk setting (e.g. Long-Term Care Homes)?</b>                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Could include being told by a doctor, health care provider, public health unit, federal boarder agent, or other government authority.                  Please note there are federal requirements (<a href="https://travel.gc.ca/travel-covid">https://travel.gc.ca/travel-covid</a>) for individuals who travelled outside of Canada, even if exempt from quarantine.</p>	
<p><b>3. In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive for COVID-19, including on a rapid antigen test or a home-based self-testing kit?</b>                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If you have since tested negative on a lab-based PCR test, Select "No".</i></p>	
<p><b>4. In the last 10 days (regardless of whether you are currently self-isolating or not), have been identified as a "close-contact" of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?</b>                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Staff identified as a close contact:

- self-monitor for symptoms for 10 days from last exposure to the individual with COVID-19.
- Self-isolate immediately if any symptoms develop.
- Wear N95 respirator mask for the duration of their time in the setting, and not remove their mask when in the presence of other staff (i.e., not eating meals/drinking in shared spaces when in the presence of others).
- Staff/ECG close contacts with a household (ongoing) exposure are recommended to obtain an immediate PCR (or rapid molecular test) and re-test at Day 5 from initial exposure if initial test was negative.

**\*\*Previously positive can resume rapid antigen testing after 90 days from system onset or positive test result. \*\***

**NOTE: If you responded "Yes" to any of the above, please proceed to Screener for further instructions/Manager or Registered Staff.**

**Staff attending work under the Test to Work Policy are permitted to enter as approved by their manager.**

**Screener will notify the Infection Prevention & Control Lead/Designate of anyone who fails screening.**

**\*\*\*DO NOT ENTER THE LTCH IF YOU ARE UNWELL\*\*\***