



## COVID Health Screening Questionnaire\*

1. Do you have any of the following symptoms?

- New or worsening chronic cough (*continuous, more than usual*)
- Shortness of breath or difficulty breathing
- Runny nose, sneezing or nasal congestion (*not related to other known causes such as seasonal allergies etc.*)
- Sore throat, hoarse voice or difficulty swallowing
- Decrease or loss of sense of taste or smell
- Fever (*Feeling hot to the touch, a temperature of 37.8C or higher*) or chills
- Headaches
- Unexplained fatigue/malaise
- Abdominal pain, diarrhea, nausea/vomiting
- Pink eye

2. Have you travelled outside of Canada in the past 14 days without a Government of Canada Travel Exemption?

3. Have you had close contact in the past 14 days with anyone with a confirmed case of COVID-19, without the consistent and appropriate use of personal protective equipment?

(Close contact generally means: someone you live with or someone with whom you were exposed to for more than 15 minutes within 2 meters without PPE)

\*This questionnaire is a consolidation of both the Skate Ontario and City of Mississauga Health Screening questionnaires.

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