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 or had close contact with anyone that has travelled outside of Canada in the past 14 days?

3. Have you had close contact in the past 14 days with anyone with a new cough, fever or difficulty breathing or a suspected or confirmed case of COVID-19? (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)

4. Have you been tested for COVID-19 (are awaiting the results) or diagnosed with COVID-19 in the last 14 days?

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