

# Covid 19 Screening

**Are you experiencing any of the following:**

- Severe difficulty breathing
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

**Are you experiencing any of the following:**

- Mild to moderate shortness of breath
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing

**Check off all of the symptoms you are experiencing right now**

***Select the symptoms you have. If you are not experiencing any symptoms, select "None of the above."***

- Fever or chills
- Cough
- Difficulty breathing
- Sore throat
- Loss of sense of smell or taste
- Headache
- Extreme fatigue or tiredness
- Diarrhea
- Loss of appetite
- Nausea or vomiting
- Body aches
- None of the above

**Have you returned to Canada from any country (including the United States) within the last 14 days?**

Yes No

**Have you been in close contact with a person with confirmed COVID-19 within the last 14 days?**

- A close contact is someone confirmed to have COVID-19 who you live with or otherwise had close face to face contact (within 2 meters) while they had symptoms or in the 48 hours before their symptoms started.
- Note: This means you would have been contacted by your health authority's public health team.

Yes No

**Have you or anybody in your home had contact with someone who has been tested for COVID19 or asked to quarantine in the last 14 days?**

Yes No