

Date:

Time:

**Screening questions:**

	No	Yes
Returned from travel outside of Canada?		
Been in close contact with anyone diagnosed with lab confirmed COVID-19?		
Lived or worked in a setting that is part of a COVID-19 outbreak?		
Been advised to self-isolate or quarantine at home by public health?		

**Do you have new onset of any of the following symptoms:**

	No	Yes
Fever		
Cough: new or worse than usual		
Shortness of breath		
Diarrhea		
Nausea and/or vomiting		
Headache		
Runny nose/nasal congestion		
Sore throat or painful swallowing		
Loss of sense of smell		
Loss of appetite		
Chills		
Muscle aches		
Fatigue		