



PLEASE COMPLETE BEFORE BEGINNING YOUR WORK TODAY

1. Do you have any of the following new or worsening symptoms or signs?*



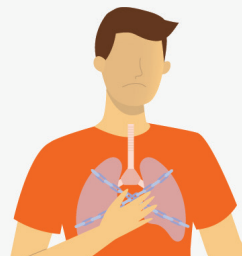
FEVER AND/OR CHILLS
(temperature of 37.8°C or greater)

Yes No



NEW OR WORSENING COUGH

Yes No



SHORTNESS OF BREATH

Yes No



SORE THROAT OR DIFFICULTY SWALLOWING

Yes No



DECREASE OR LOSS OF SMELL OR TASTE

Yes No



NAUSEA/VOMITING, DIARRHEA, ABDOMINAL PAIN

Yes No



RUNNY NOSE, OR NASAL CONGESTION
(unrelated to seasonal allergies)

Yes No

2. Have you had close contact with a confirmed or probable case of COVID-19 without wearing appropriate PPE?

Yes No

3. Have you travelled outside of Canada in the past 14 days?

Yes No

If you answered **YES** to any of these questions, go home and self-isolate. Call Telehealth or your health care provider, to find out if you need a COVID-19 test.

If you answered **NO** to all of these questions, you have passed and can go to work/attend your activity.

The above questions are used to screen for COVID-19 before entry into a workplace (business or organization) as per Ontario Regulation 364/20. They can also be used for other activities.

* Symptoms should not be chronic or related to other known causes or conditions. Look for changes from your normal symptoms.

Stay safe. Stay Informed.

york.ca/covid19

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