



COVID-19 SCREENING CHECKLIST

Do you have any of the following symptoms? If you answer 'YES' to any of these symptoms, please use Ontario's self-screening checklist at covid-19.ontario.ca/self-assessment and follow instructions.

COMMON SYMPTOMS:

- Fever (temperature of 37.8 C or greater)
- New or Worsening Cough
- Shortness of breath/difficulty breathing

OTHER SYMPTOMS:

- Sore Throat
- Difficulty/Painful Swallowing
- New olfactory or taste disorder(s)
- Nausea/Vomiting/Diarrhea/Abdominal Pain
- Runny Nose/Nasal Congestion (Without other known causes)

Other clinical features of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

ATYPICAL SYMPTOMS:

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

- Have you travelled outside of Canada in the last 14 days?
- Have you had close contact (within 2 metres/6 feet) without using personal protective equipment in the last 14 days with someone who has travelled outside of Canada and who is displaying the above symptoms?
- Have you or someone you reside with been diagnosed with COVID-19 for which you did not receive 'Clearance from Isolation' from Public Health?

If you answered 'YES' to any of these questions, please use Ontario's self-screening checklist at covid-19.ontario.ca/self-assessment and follow instructions.