

COVID-19 Respiratory Infection Self-Screener

PART A: Symptoms

1. Do you or anyone in your household have new/worse cough or shortness of breath?	Yes ____ No ____
2. Are you feeling feverish, or have you had shakes or chills in the last 24 hours (>38 degrees Celsius)?	Yes ____ No ____

PART B: Travel/Contact

3. Have you traveled in the last 14 days to Iran or Hubei province, China (including Wuhan) OR anywhere in China, Hong Kong, Italy, Japan, Singapore, South Korea, France, Germany or Spain?	Yes ____ No ____
4. Have had close contact with a confirmed or probable case of someone with novel coronavirus (COVID-19)?	Yes ____ No ____
5. Have you had close contact with a person with acute respiratory illness who has been to Iran or Hubei province, China (including Wuhan) OR anywhere in China, Hong Kong, Italy, Japan, Singapore, South Korea, France, Germany or Spain within 14 days prior to their illness onset?	Yes ____ No ____

Positive Screener Result Scenarios:

Part A = Yes Part B = No	If answered ' Yes ' to one or both questions in Part A but ' No ' to all travel/contact questions in part B, DO NOT VISIT.
Part A = No Part B = Yes	If answered ' No ' to both of the questions in Part A but ' Yes ' to one of the travel/contact questions in part B, DO NOT VISIT and notify your healthcare provider or Telehealth Ontario 1-866-797-0000
Part A = Yes Part B = Yes	If answered ' Yes ' to one or both questions in Part A and ' Yes ' to one of the travel/contact questions in part B, DO NOT VISIT and notify your healthcare provider or Telehealth Ontario 1-866-797-0000.

Visitor Name

Date