

City of Waterloo COVID-19 Health Screening Questions

DATE: _____ FACILITY NAME: _____
 Time of Entry: _____ # of Additional Household members: _____
 Name: _____ Phone Number: _____

1. **Do any of the following apply to you?** Yes No

-I am fully vaccinated* against COVID-19 (it has been 14 days or more since your final dose) OR
 -I have tested positive for COVID-19 in the last 90 days (and since have been cleared by the local public health unit)

2. **Are you currently experiencing one or more of the symptoms listed below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions for example: asthma, seasonal allergies, COPD, mood or neurological disorders.** Yes No

The symptoms listed here are the symptoms most commonly associated with COVID-19. If you have these symptoms, you should isolate and seek testing.

- Fever and/or chills with a temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- Cough or barking cough (croup)
- Shortness of breath
- Decrease or loss of taste or smell
- For adults > 18 years or older
 - o Fatigue, lethargy, malaise and/or muscle aches/joint pain
 - o Unusual tiredness, lack of energy
- For children <18 years
 - o Nausea, vomiting and/or diarrhea
- If you received a COVID-19 vaccination in the last 48 hours and are only experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, respond "No."

3. **Do you answer yes to any of the questions in group 3?** Yes No

In the last 14 days have you travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing.

In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19?

If public health has advised you that you do not need to self-isolate, select "No."

In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

If you have since tested negative on a lab-based PCR test, select "No."

If you answered Yes to question 1, skip question group 4

4. Do you answer yes to any of the questions in group 4? Yes No

-In the last 10 days, have you received a COVID Alert exposure notification on your cellphone? *If you have since tested negative on a lab-based PCR test, select "No."*

-In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine (as per the federal quarantine requirements)?

-In the last 10 days, has someone in your household (someone you live with) been identified as a "close contact" of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?

-Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

Children (<18 years old): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; nausea, vomiting and/or diarrhea

Adults: (≥18 years old): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; tiredness; muscle aches.

If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is only experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

* *A person is fully vaccinated against COVID-19 if:*

(a) They received

(i) the full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,

(ii) one or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or

(iii) three doses of a COVID-19 vaccine not authorized by Health Canada; and premises.

(b) They received their final dose of the COVID-19 vaccine at least 14 days before seeking access to the premises

Personal information on this form is collected under the legal authority of the Health Protection and Promotion Act, R.S.O 1990 c.H.7 and in accordance with recommendations issued by the Ontario Office of the Chief Medical Officer of Health under the Reopening Ontario (A Flexible Response to COVID-19) Reopening Ontario Act, S.O. 2020, c.17, and will be used by the City to assist the Region of Waterloo Public Health and Emergency Services with the investigation of COVID-19 occurrences and contact tracing. Questions about this collection should be directed to Manager of Marketing and Business Development, Jillian Fleming, phone number 519 -884-5363 ext. 17238