

Office of the Chief Medical Officer of Health

COVID-19 Screening Questions

1. **Do you currently have one or more of the COVID-19 symptoms below that are new or worsening?**

Symptoms should not be chronic or related to other known causes or conditions.

<ul style="list-style-type: none"> • fever and/or chills • cough or barking cough (croup) shortness of breath • decrease or loss of smell or taste fatigue and/or malaise (for adults) • nausea/vomiting, and/or diarrhea (for <18 years of age) 	<p>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue, muscle aches and/or joint pain that only began after vaccination, select “No.”</p>
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2. **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.

3. **Do you live with someone who has been told by a doctor, health care provider, or public health unit that they should currently be isolating?** If you are fully immunized* or have tested positive for COVID-19 in the last 90 days and since been cleared*, select “No.”

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

If you answer YES to any one of the questions above, PLEASE DO NOT attend your practice or game AND contact either your health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test.

* A fully immunized individual is defined as any individual >14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series (i.e., Johnson and Johnson).