



Government of Ontario Screening Checklist for COVID-19

1. Did you have close contact with anyone with acute respiratory illness or who travelled outside of Ontario in the past 14 days?

2. Do you have a confirmed case of COVID-19 or have you had close contact with someone having a confirmed case of COVID-19?

3. Do you have any of the following symptoms?
 - Fever
 - New onset of cough
 - Worsening chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decrease or loss of sense of taste or smell
 - Chills
 - Headaches
 - Unexplained fatigue/malaise/muscle aches (myalgias)
 - Nausea/vomiting, diarrhea, abdominal pain
 - Pink eye (conjunctivitis)
 - Runny nose/nasal congestion without other known cause

4. If you are over 70 years of age are you experiencing any of the following symptoms?
delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

If you responded yes to any of the questions above, we are unfortunately not able to offer services to you at this time. Please complete the online self-assessment tool at <https://ca.thrive.health/covid19/en> before calling your primary care provider or Telehealth Ontario (1-866- 797-0000) for further clinical assessment. Thank you.