

# COVID-19 Patient Screening Guidance Document

## Regular Screening Questions

**Q1:** Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

**Q2:** Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

**Q3:** Does the person 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

**Q4:** If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?