

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?

COVID-19 Screening Results

If response to ALL of the screening questions is NO :	COVID Screen Negative
If response to ANY of the screening questions is YES :	COVID Screen Positive