NOTE: This checklist provides basic screening only and is not to be used to diagnosis or treat COVID-19. If you answer “Yes” to any of the following, you may be asked to post-pone your visit to the home in order to complete the Ontario Ministry of Health online assessment tool (<https://covid-19.ontario.ca/self-assessment/> before contacting your doctor or TeleHealth Ontario (1-877-797-0000).

**Yes No**

□ □ Have you had any close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?

□ □ Have you had a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

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

□ □ ● Nausea/vomiting, diarrhea, abdominal pain

□ □ ● Pink eye

□ □ ● Runny nose/nasal congestion without other known cause

If you are over the age of 70 years old, are you experiencing any of the following symptoms:

□ □ ● Delirium

□ □ ● Unexplained or increased number of falls

□ □ ● Acute functional decline

□ □ ● Worsening of chronic conditions

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_