

# **MDSC COVID-19 SELF-ASSESSMENT SCREENING TOOL**

Please circle YES or NO to each question.

1. Have you returned from travel outside of Canada in the past 14 days? YES / NO

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2. Have you been in close contact\* with someone who...

- Recently travelled outside of Canada OR YES / NO
- Is sick with new COVID-19 symptoms in the last 14 days OR YES / NO
- Has symptoms and who is awaiting COVID-19 results OR YES / NO
- Has a tested positive for COVID-19 in the last 14 days? YES / NO

*\*A close contact is someone who was closer than 2 meters or living in the same home.*

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3. Do you have any of the following symptoms?

Please ✓ check the symptom(s) you are experiencing.

- Fever (feeling hot to the touch, a temperature of 37.8°C; 100.4°F or higher)
- New or worsening cough (dry or productive); barking cough, making a whistling noise when breathing
- Chills
- Shortness of breath (unable to breathe deeply or feeling unable to catch one's breath)
- Sore throat (not related to seasonal allergies or other known conditions), trouble swallowing
- Runny, stuffy, or congested nose (not related to seasonal allergies)
- Lost sense of taste or smell
- Pink eye (conjunctivitis, irritated, itchy, or painful eye that may have crusting or discharge)
- Unusual headache
- Nausea or vomiting (not related to other known causes or conditions)
- Diarrhea or stomach pain (not related to other known causes or conditions)
- Muscle aches
- Unexplained fatigue (lack of energy)

**If you are experiencing any of the above symptom(s), is this due to an existing medical diagnosis (not COVID-19) that explains the symptom(s)?**

YES / NO

(eg. seasonal allergies, migraines, etc. that are not self-diagnosed)

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***If you have answered YES to questions 1 or 2 or are experiencing symptoms not related to a medical diagnosis, you are not permitted access to the facility.***

Please self-isolate and contact the Eastern Ontario Health Unit 1-800-267-7120 or visit [www.eohu.ca](http://www.eohu.ca) to find a COVID-19 Assessment Center to get tested.