



COVID-19 Screening Survey for Customers

Do you have any of these symptoms below?



Fever and/or chills
(temperature of 37.8° C/100° F or higher)



Cough or barking cough



Shortness of breath



Decrease or loss of
taste or smell



Extreme tiredness
(For Adults 18+)



Nausea, vomiting, diarrhea
(For Children/Youth)

In the last 14 days, have you travelled outside of Canada and been advised to quarantine?

Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

In the last 10 days, have you been identified as a 'close contact' of someone who currently has COVID-19? If public health has advised that you do not need to self isolate, answer 'No'.

In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?*
If you have already gone for a test and got a negative result, answer 'No'.

In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?
If you have since tested negative on a lab-based PCR test, answer 'No'.

In the last 14 days, has someone in your household (someone you live with) travelled outside of Canada AND been advised to quarantine?*

In the last 10 days, has someone in your household (someone you live with) been identified as a 'close contact' of someone who currently has COVID-19 AND advised by a doctor, healthcare provider or public health unit to self-isolate?*

Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?* * If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, answer 'No'.

** If you are fully vaccinated or have tested positive for COVID-19 in the last 90 days and since been cleared, answer 'No'.

If you answer 'YES' to any of these questions, please DO NOT enter.

Use Ontario's COVID-19 Self-Assessment Tool (<https://covid-19.ontario.ca/self-assessment/>) on what to do next.