

1. Do you have any of the following signs or symptoms:

Fever

New or worsening cough

Shortness of breath or difficulty breathing

Sore throat

Difficulty swallowing

Decreased or loss of sense of taste or smell

Chills

Headache (that is unusual or long-lasting)

Unexplained fatigue, malaise, or muscle aches

Nausea/vomiting, diarrhea, or abdominal pain

Pink eye (conjunctivitis)

Runny nose/nasal congestion (not related to seasonal allergies or other known causes/conditions)

None of the above

2. In the past 14 days, have you: travelled outside of Ontario, had close contact with someone who has travelled outside of Ontario, or had close contact with someone with acute respiratory illness

Yes

No

3. Do you have a confirmed or probable case of COVID-19 or have you had close contact with a confirmed or probable case of COVID-19?

Yes

No

4. If you are 70 years of age or older, are you experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

Yes

No

Not applicable (younger than 70)