Name: Babatunde Jelugbo

**Required Screening Questions**

1. Do you have any of the following **new or worsening** symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.

Fever or Chills  Yes  No

Difficulty breathing or shortness of breath  Yes  No

Cough  Yes  No

Sore throat, trouble swallowing  Yes  No

Runny nose/stuffy nose or nasal congestion  Yes  No

Decrease or loss of smell or taste  Yes  No

Headache that’s unusual or long lasting  Yes  No

Nausea, vomiting, diarrhea, abdominal pain  Yes  No

Not feeling well, extreme tiredness, sore muscles  Yes  No

2. Have you travelled outside of Canada in the past 14 days?

Yes  No

3. Has a doctor, health care provider, or public health unit told you that you should currently be isolating?

Yes  No

4. Have you had close contact with a confirmed or probable case of COVID-19?

Yes  No

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

Yes  No

**Results of Screening Questions:**

* If the individual answers **NO to all questions from 1 through 5**, they have passed and can enter the workplace.
* If the individual answers **YES to any questions from 1 through 5**, they have not passed and should not be advised that they should not enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provided or Telehealth Ontario (1 866-797-0000) to find out if they need a COVID-19 test.