

**Adult Health Screening Questionnaire**  
Updated **March 1, 2021**

This checklist is based on Version **4.7** of Ontario’s Self-Assessment model as updated on the Government of Ontario website. Updated questions and results align with newest public health guidance.

This questionnaire must be completed by each adult prior to participating in any club or OVA activity. This questionnaire may be completed verbally.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**1. Are you currently experiencing any of these issues? Call 911 if you are.**

- Severe difficulty breathing (struggling for each breath, can only speak in single words)
- Severe chest pain (constant tightness or crushing sensation)
- Feeling confused or unsure of where you are
- Losing consciousness

**2. Are you currently experiencing any of these symptoms?**

*Choose any/all that are new, worsening, and not related to other known causes or conditions*

	YES	NO
<b><i>Fever and/or chills</i></b> <i>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</i>		
<b><i>Cough or barking cough (croup)</i></b> <i>Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)</i>		
<b><i>Shortness of breath</i></b> <i>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</i>		
<b><i>Sore throat</i></b> <i>Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have</i>		
<b><i>Difficulty swallowing</i></b> <i>Painful swallowing (not related to other known causes or conditions you already have)</i>		
<b><i>Runny or stuffy/congested nose</i></b> <i>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</i>		
<b><i>Decrease or loss of taste or smell</i></b> <i>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</i>		

<b><i>Pink eye</i></b> Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)		
<b><i>Headache</i></b> Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)		
<b><i>Digestive issues like nausea/vomiting, diarrhea, stomach pain</i></b> Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have		
<b><i>Muscle aches</i></b> Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)		
<b><i>Extreme tiredness</i></b> Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)		
<b><i>Falling down often</i></b> For older people		

3. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

Yes                  No

4. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select "No."

Yes                  No

5. In the last 14 days, have you been in close physical contact with someone who either:

- is currently sick with a new cough, fever, difficulty breathing, or other symptoms associated with COVID-19?
- or
- returned from outside of Canada in the last 2 weeks?

Close physical contact means any of the following while not wearing the appropriate personal protective equipment (PPE):

- being less than 2 metres away in the same room, workspace, or area
- living in the same home
- being in the same classroom

Yes                  No

6. In the last 14 days, have you travelled outside of Canada? *If you are an essential worker who crosses the Canada-US border regularly for work, select "No."*

Yes

No

### **Results of Screening Questions**

*If answered "Yes" to any symptom listed under question 2, and the symptoms are not normal for you (related to a medical condition you already have), do not go to OVA or Club activities:*

- Based on your answers, we recommend that you **get tested** because you have symptoms of COVID-19.
- Follow the advice of public health if you have already been tested or cleared for when you can return to OVA or Club activities.
- Contact your Club or the OVA to let them know about this result.

*If answered "YES" to question 3 and question 4, do not go to OVA or Club activities.*

- Based on your answers, we recommend that you **get tested** because you are a "close contact" of someone who currently has COVID-19 or have received a COVID Alert exposure notification on your cell phone.
- Follow the advice of public health if you have already been tested or cleared on when you can return to OVA and Club activities.
- Please contact your Local Public Health Unit on what other members of your household are permitted to do.
- Contact your Club or the OVA to let them know about this result.

*If you answered "YES" question 5, do not go to OVA or Club activities.*

- Pay extra attention to your health and note if anything changes because you were in close physical contact with someone who has symptoms or recently travelled.
- Check with your local public health unit to find out if there are any other actions you need to take and to be cleared to return to OVA or Club activities.
- To protect your community and the health care system, you must stay home except for essential reasons, wear a face covering or mask when required, keep a physical distance from others, and wash your hands as much as possible.
- Contact your Club or the OVA to let them know about this result.

***If you answered "YES" to question 6, do not go to OVA or Club activities for 14 days.***

- You must stay at home for 14 days immediately after your return to Canada
- Contact your Local Public Health Unit to see if there is anything else they require you to do to be cleared to return to practice
- Contact your Club or the OVA to let them know about this result.

I confirm that the above answers are accurate and true.

Signature: \_\_\_\_\_