



Aurora Seniors Association Participant Screening Form

Name: _____

Date: _____

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

Do you have one or more of the following symptoms? Yes No (Circle your answer)

- Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- Cough or barking cough (croup) Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
- Shortness of breath Not related to asthma or other known causes or conditions you already have
- Sore throat Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
- Difficulty swallowing Painful swallowing (not related to other known causes or conditions you already have)
- Decrease or loss of smell or taste Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
- Pink eye Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
- Runny or stuffy/congested nose Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
- Headache Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."
- Digestive issues like nausea/vomiting, diarrhea, stomach pain Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
- Muscle aches/joint pain Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."



- Fatigue Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have) If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."
- Falling down often (for older people)

2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? This can be because of an outbreak or contact tracing. Yes No

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

Yes No

4. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19? If public health has advised you that you do not need to self-isolate (e.g., you are fully vaccinated† or another reason), select "No."

Yes No

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you are fully vaccinated* or have already gone for a test and got a negative result, select "No."

Yes No

*Fully vaccinated is defined as an individual ≥ 14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series.

6. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

Yes No

7. In the last 14 days, has someone in your household (someone you live with):

• travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements; OR

• 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 selfisolate? If you are fully vaccinated, select "No."

Yes No



8. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? If you are fully vaccinated, select "No."

Yes No

If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

Results of Screening Questions:

- If the patron answered NO to all questions from 1 through 8, they can enter the business or organization. In the business or organization, the patron must continue to follow all public health measures, including masking, maintaining physical distance and hand hygiene, where applicable.
- If the patron answered YES to any questions from 1 through 8, they should not be permitted to enter the business or organization (including any outdoor or partially outdoor business or facility). They should be advised to go home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797- 0000) to get advice or an assessment, including if they need a COVID-19 test.
- If the patron answered YES to question 8, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
- If any of the answers to these screening questions change during the day, this screening result is no longer valid and the patron may need to screen again, wherever necessary. • Any record created as part of patron screening may only be disclosed as required by law.

I certify that all information on this document is accurate and that I am in agreement of providing this health record to the Aurora Seniors Association. Please note all records submitted will be permanently delete after 90 days.

Signature

Date