

Visitor Health Screening Questionnaire

To mitigate the risk of COVID-19 transmission within IESO workplaces, and in accordance with IESO policy, effective October 21, 2021, all contractors and visitors must complete this health screening questionnaire, developed by the Ministry of Health (and last updated October 29, 2021). The information will be collected for health and safety purposes in accordance with our privacy policy at <http://www.ieso.ca/en/Privacy>

1. Do any of the following apply to you?

I am fully vaccinated against COVID-19 (it has been 14 days or more since your final dose of the vaccine)

I have tested positive for COVID-19 in the last 90 days (and since been cleared)

If yes, skip questions 6, 7 and 8.

2. Are you currently experiencing any 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

3. Fever and/or chills: Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher

4. Cough or barking cough (croup): 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)

5. Shortness of breath: Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)

6. Decrease or loss of smell or taste: Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have

7. Muscle aches/joint pain: Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)

8. Extreme tiredness: Unusual fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)

3. In the last 14 days, have you travelled outside of Canada AND been told to quarantine (per the federal quarantine requirements)?

Yes No

- 4. 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
- 5. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?** If you have since tested negative on a lab-based PCR test, select "No."
- Yes No
- 6. 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 you that you do not need to self-isolate, select "No."
- Yes No
- 7. In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?** If you have since tested negative on a lab-based PCR test, 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?**
Children (17 years old or younger): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; nausea, vomiting and/or diarrhea
Adults (18 years old or older): fever and/or chills; cough or barking cough; shortness of breath; decrease or loss of taste or smell; tiredness; muscle aches.
 If the individual experiencing symptoms got a COVID-19 vaccine in the last 48 hours and is experiencing only mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."
- Yes No

If you answered **NO to all questions from 2 through 8**, you can enter IESO premises, provided you follow all safety measures, including masking, maintaining physical distance and hand hygiene.

If you answered **YES to any questions from 2 through 8**, you cannot enter the premises. You should stay home and contact your health-care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if you need a COVID-19 test.

If you answered **YES to question 8**, you should stay home, along with the rest of your household, until the sick individual gets a negative COVID-19 result on a valid PCR test, is cleared by public health, or is diagnosed with another illness.

I attest that my answers are true and accurate to the best of my knowledge.

Name: _____
 (please print first and last name)

Signature: _____

Company: _____

Date: _____