

1. I am currently experiencing one or more of these issues:

- Fever and / or chills (a temperature of 37.8 degrees Celsius/100.4 degrees Fahrenheit or higher)
- Cough or barking cough / croup (continuous, more than usual, making a whistling noise when breathing, not related to asthma, COPD, or other known causes you already have)
- Shortness of breath (unable to breathe deeply, not related to asthma or other known causes you have)
- Sore throat (not related to seasonal allergies, acid reflux, or other known causes you already have)
- Difficulty swallowing (painful swallowing not related to other known causes you already have)
- Decrease or loss of smell or taste (not related to other known causes you already have)
- Pink eye / conjunctivitis (not related to reoccurring styes or other known causes you already have)
- Runny or stuffy / congested nose (not related to seasonal allergies, or other known causes you have)
- Headache (unusual, long-lasting not related to getting a COVID-19 vaccine in the last 48 hours, tension-type headaches, chronic migraines, or other known causes you already have)
- Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to irritable bowel syndrome or other known causes you already have)
- Muscle aches (unusual, long-lasting, not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)
- Extreme tiredness (unusual fatigue, lack of energy not related to a COVID-19 vaccine in the last 48 hours or other known causes you already have)
- 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?

3. In the last 14 days, have you been identified as a close contact of someone who currently has COVID-19? If you are fully vaccinated (it has been 14 or more days since your final dose) and have not been told to self-isolate by public health, this does not apply to you.

4. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you are fully vaccinated (it has been 14 or more days since your final dose) and have not been told to self-isolate by public health, or if you already went for a test and got a negative result, this does not apply to you.

5. In the last 14 days, have you travelled outside of Canada? If you are exempted from federal quarantine requirement, this does not apply to you.

6. 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 (it has been 14 or more days since your final dose) and have not been told to self-isolate by public health, this does not apply to you. If the person 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, this does not apply to you.

7. In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit? If you have since tested negative on a lab-based PCR test, this does not apply to you.

Results of Screening Questions:

If you answer NO to all questions, you can enter this facility.

If you answered YES to any questions, do not enter the facility (including any outdoor, or partially outdoor facility). Go home to self-isolate immediately 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 any of the answers to these screening questions change during the day, this screening result is no longer valid and you need to screen again.

An online screening form is available at peterborough.ca/screening

Any record created as part of patron screening may only be disclosed as required by law.