

# COVID-19 Screening Tool

Name:

Department:

Date (mm/dd/yy):

To comply with recommendations outlined by the Chief Medical Officer of Health for Ontario, all employees, contractors, students and volunteers coming to Victoria University to perform work are required to complete the following COVID-19 screening process each time they arrive on campus.

If you cannot complete the UCheck self-assessment, or choose not to use UCheck, you must complete this self-assessment daily prior to coming to campus. Please submit this completed document to your Manager.

## Required Screening Questions

1. Are you currently experiencing any of these symptoms?

Symptoms	Yes	No
<b>Fever and/or chills</b> <i>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</i>		
<b>Cough or barking cough (croup)</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>Shortness of breath</b> <i>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</i>		
<b>Decrease or loss of smell or taste</b> <i>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</i>		
<b>Muscle aches/joint pain</b> <i>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)</i>		
<b>Extreme tiredness</b> <i>Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia, thyroid dysfunction, or known causes or conditions you already have)</i>		
<b>Sore Throat</b> <i>Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)</i>		
<b>Runny or stuffy/congested nose</b> <i>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</i>		
<b>Headache</b> <i>New, unusual, long-lasting (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)</i>		
<b>Nausea, vomiting and/or diarrhea</b> <i>Not related to irritable bowel syndrome, anxiety, menstrual cramps, medication side effects, or other known causes or conditions you already have</i>		



2. In the last 10 days, has someone in your household experienced any new COVID-19 symptoms and/or tested positive for COVID-19 (on a rapid antigen test or PCR test)?

*If the person got 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."*

Yes ☐ No ☐

3. In the last 14 days, have you travelled outside Canada and been told to quarantine (per the federal requirements)? If you have travelled but have received an exemption from the travel quarantine requirements (e.g fully vaccinated etc.), select "NO"

Yes ☐ No ☐

4. In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19 (confirmed by a PCR test or rapid antigen test)?

*"Close contact" as determined or identified by a public health authority or the University of Toronto Occupational Health Nurse. If public health has advised you that you do not need to self-isolate (for example, you are fully vaccinated or for another reason), select "NO"*

Yes ☐ No ☐

5. In the last 10 days, have you received a COVID Alert exposure notification on your cell?

Yes ☐ No ☐

6. 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, select "NO"

Yes ☐ No ☐

### Results of Screening Questions:

- If you answered **NO to all questions from 1 through 6**, you can enter the workplace.
- If you answer **YES to any questions from 1 through 6**, be advised that you should not enter the workplace. You should stay home to self-isolate immediately and call your Manager. You should contact your health care provider or Telehealth Ontario (1 866-797-0000) to find out if you need a COVID-19 test. Victoria University employees should also notify Human Resources by emailing [vic.hr@utoronto.ca](mailto:vic.hr@utoronto.ca)