

Pre-Screening Questions

Do you have any of the following new or worsening symptoms?

Symptoms should not be chronic or related to other known causes or conditions.

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| <input type="checkbox"/> Fever or chills | <input type="checkbox"/> Runny nose, stuffy nose or nasal congestion |
| <input type="checkbox"/> Difficulty breathing or shortness of breath | <input type="checkbox"/> Decrease or loss of smell or taste |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Nausea, vomiting, diarrhea, abdominal pain |
| <input type="checkbox"/> Sore throat, trouble swallowing | <input type="checkbox"/> Not feeling well, extreme tiredness, sore muscles |

If **yes**, **delay your visit** and complete the Ministry of Health online assessment and follow the instructions.

1. Have you traveled outside of Canada in the past 14 days?

If yes, and you are subject to mandatory quarantine restrictions, **do not visit**.

2. Within the last 14 days, have you been asked to self-isolate due to a recent visit or shift at a location that is currently experiencing an outbreak?

If yes, **do not visit** until your self-isolation period is complete.

3. Have you breached any of Toronto Public Health's recommendations and restrictions, including those related to social gatherings, hand hygiene, respiratory etiquette, and the use of face coverings and masks?

If yes, **delay your visit**.