

Office of the Chief Medical Officer of Health

# COVID-19 Screening Tool for Members and Guests of the Kanata Art Club

This screening tool provides advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health in accordance with [O. Reg. 364/20: Rules for Areas in Step 3](#) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).

This screening tool is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis, treatment or legal advice. In the event of any conflict between this document and any applicable legislation, or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health, the legislation, order or directive prevails.

## Required Screening Questions

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.

**For individuals who are 18 years of age and older:**

Do you have one or more of the following symptoms?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fever and/or chills</b>	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	
<b>Cough or barking cough (croup)</b>	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have	
<b>Shortness of breath</b>	Not related to asthma or other known causes or conditions you already have	

<b>Sore throat</b>	Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
<b>Difficulty swallowing</b>	Painful swallowing (not related to other known causes or conditions you already have)
<b>Decrease or loss of smell or taste</b>	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
<b>Pink eye</b>	Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
<b>Runny or stuffy/congested nose</b>	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
<b>Headache</b>	<p>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</p> <p><i>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.”</i></p>
<b>Digestive issues like nausea/vomiting, diarrhea, stomach pain</b>	Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
<b>Muscle aches/joint pain</b>	<p>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</p> <p><i>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.”</i></p>

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

a. 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<sup>†</sup> or another reason), select "No."

a. 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<sup>†</sup> or have already gone for a test and got a negative result, select "No."

a. Yes  No

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<sup>†</sup> Fully vaccinated is defined as an individual  $\geq 14$  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 self isolate?

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 you answered **NO to all questions from 1 through 8**, you may enter the KAC Studio. You must continue to follow all public health measures, including masking, maintaining physical distance and hand hygiene, where applicable.
- If you answered **YES to any questions from 1 through 8**, you may not enter the KAC Studio or participate in any activity of the Kanata Art Club. You are advised to go home to self-isolate immediately and contact your health care provider or Telehealth Ontario ([1-866-7970000](tel:1-866-7970000)) to get advice or an assessment, including if you need a COVID-19 test.

- If you answered **YES to question 8**, you are advised to stay home, along with the rest of your household, until you get a negative COVID-19 test result, and have been cleared by your local public health unit, or 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 you may need to screen again, wherever necessary.