



COVID-19 Active Screening Tool for Patrons

Updated September 22, 2021

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

Yes No



Fever or chills

Yes No



Cough

Yes No



Trouble breathing

Yes No



Decrease or loss of taste or smell

Yes No



Nausea, vomiting or diarrhea (age <18 only)

Yes No



Very tired, sore muscles or joints* (age 18+ only)

If you have an existing health condition that gives you the symptoms, select "No," unless the symptom is new, different or getting worse.

*If mild tiredness, sore muscles or joints occur within 48 hours after getting a COVID-19 vaccine, select "No" and wear a medical mask when at work. If symptoms last longer than 48 hours or worsen, select "Yes".

If "YES" to any symptoms:



Do not enter this location



Stay home & self-isolate



Get tested



Contact a health care provider

2. Does anyone in your household have one or more of the above symptoms and/or are waiting for test results after experiencing symptoms?

Yes

No

- If you are [fully vaccinated**](#), or have tested positive for COVID-19 in the last 90 days and since been cleared select "No."
- If the household member's mild tiredness, sore muscles or joints occurred within 48 hours after getting a COVID-19 vaccine, select "No". If their symptoms last longer than 48 hours or worsen, select "Yes".

3. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

Yes

No

- If you have since tested negative on a lab-based PCR test, select "No."

4. In the last 10 days:

a) have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate?

Yes

No

- If public health has advised you that you do not need to self-isolate (e.g., you are [fully vaccinated**](#) or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No".

b) has someone you live with been identified as a close contact of someone with COVID-19 AND been told to self-isolate?

Yes

No

- If you are [fully vaccinated**](#), or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No".



**Fully vaccinated means 14 days or more after a second dose of a COVID-19 vaccine series, or as defined by the Ontario Ministry of Health.



5. In the last 14 days:

a) have you travelled outside of Canada AND been advised to quarantine per [the federal quarantine requirements](#)?

Yes

No

b) has someone you live with travelled outside of Canada AND been advised to quarantine as per federal quarantine requirements?

Yes

No

- If you are [fully vaccinated](#)**; or have tested positive for COVID-19 in the last 90 days and since been cleared select "No".

If "YES" to questions 2,3,4 or 5:



Do not enter this location



Follow Toronto Public Health advice

Operators of the following businesses or organizations that are permitted to open under Step 3 of [O. Reg. 364/20](#) are required to actively screen all persons before they enter:

- Casinos, bingo halls and gaming establishments
- Driving instruction
- Facilities for sports and recreational fitness activities
- Personal training
- In-person teaching and instruction
- Meeting or event space, conference centres, convention centres
- Personal care services relating to the hair or body
- Food or drink establishments with dance facilities, including nightclubs and restoclubs
- Photography studios and services
- Restaurants, bars and other food and drink establishments, dine-in services
- Retail test drives of any vehicles, boats or watercraft
- Sex clubs and bathhouses
- Strip Clubs

Screening can be completed in advance [online](#) or on-site before the patron enters the business or organization. The person responsible for the business or organization must ensure that the result of screening is used to determine whether the patron may enter.

Developed in accordance with recommendations and instructions issued by the [Office of the Chief Medical Officer of Health](#)



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