

# Town of Penetanguishene

## COVID-19 Screening Tool



Are you experiencing any of the following symptoms:

- Fever (temp of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)
- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – in absence of underlying reason for these symptoms
- Clinical or radiological evidence of pneumonia
- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention)
- Falling often
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches that are unusual or long lasting
- Barking cough, making whistling noise when breathing
- Pink Eye
- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

**In the last 14 days have you been in close physical contact with someone who tested positive for COVID-19?**

Yes  No

**In the last 14 days, have you been in close physical contact with a person who either:**

- a. Is currently sick with a new cough, or difficulty breathing or
- b. Returned from outside Canada in the last two weeks

Yes  No   
Yes  No

**Have you travelled outside of Canada in the last 14-days?**

Yes  No

If you answered **YES** to any of the above **PLEASE DO NOT ENTER FACILITY**