Office of the Chief Medical Officer of Health

COVID-19 Signage Questions for Businesses and Organizations

Version 4 – July 16, 2021

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) (hereby referred to as O. Reg. 364/20).

Under O. Reg. 364/20, the person responsible for a business or organization that is open must operate that business or organization in compliance with the advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health or another public health official on screening individuals, whether or not they have been vaccinated.

This requirement includes posting signs at all entrances to the premises of the business or organization in a conspicuous location visible to the public that inform individuals on how to screen themselves for COVID-19 prior to entering the premises.

The questions and instructions in this document should be used by businesses and organizations that are open to develop signs to meet the requirement to post such signs at all entrances to the premises of the business or organization.

These questions and instruction can be adapted to meet the communication needs of people with learning, developmental or cognitive disabilities.

Certain businesses and organizations are required to actively screening of patrons. Please refer to COVID-19 Screening Tool for Businesses and Organizations (Screening Patrons).

The information in this document 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.
Questions

1. Do you currently have one or more of the COVID-19 symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- sore throat
- difficulty swallowing
- decrease or loss of smell or taste
- runny or stuffy/congested nose
- headache
- nausea/vomiting, diarrhea
- muscle aches/joint pain
- fatigue

- pink eye (for adults)
- stomach pain (for adults)
- falling down often (for older adults)

If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No.”

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

3. Do you live with someone who has been told by a doctor, health care provider, or public health unit that they should currently be isolating? If you are fully vaccinated, select “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.”

If you answer YES to any one of the questions above, PLEASE DO NOT enter this location AND contact either your health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if you need a COVID-19 test.

For more information, including exceptions to above questions, please see the patron screening tool.

* Fully vaccinated is defined as an individual ≥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.