

Office of the Chief Medical Officer of Health

# COVID-19 Signage Questions for Businesses and Organizations

Version 2 – February 26, 2021

This screening tool provides advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health in accordance with subsection 2(3) of Schedule 1 and Schedule 6 in [O. Reg. 82/20: Rules for Areas in Stage 1](#), and subsections 2(3) of Schedule 1 in [O. Reg. 263/20: Rules for Areas in Stage 2](#), and [O. Reg. 364/20: Rules for Areas in Stage 3](#) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).

Under these regulations, 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.

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 instruction 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.

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, regulation, 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 have one or more of the COVID-19 symptoms below?

<ul style="list-style-type: none"> <li>• fever and/or chills</li> <li>• cough or barking cough (croup)</li> <li>• shortness of breath</li> <li>• sore throat</li> <li>• difficulty swallowing</li> <li>• decrease or loss of smell or taste</li> <li>• runny or stuffy/congested nose</li> <li>• headache</li> <li>• nausea/vomiting, diarrhea</li> <li>• muscle aches</li> <li>• extreme tiredness</li> </ul>	<ul style="list-style-type: none"> <li>• pink eye (for adults)</li> <li>• stomach pain (for adults)</li> <li>• falling down often (for older adults)</li> </ul>
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2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

3. Have you been identified as a “close contact” of someone who currently has COVID-19 in the last 14 days?

4. Have you received a COVID Alert exposure notification on your cell phone in the last 14 days (and have not been tested or waiting for your result)?

5. Have you or anyone you live with traveled outside of Canada in the last 14 days?\*

\* Not applicable if you or anyone you live with are exempted from federal quarantine as per the *Quarantine Act*.

Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

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](tel:1-866-797-0000)) to get advice or an assessment, including if you need a COVID-19 test.