

COVID-19 SCREENING

Before entering CCAS office or workplace, you will be asked the following COVID-19 screening questions. If you answer yes to any of the questions, please **DO NOT ENTER** the office or workplace.

01 Have you or anyone in your household been diagnosed or presumed to have COVID-19 or been in close contact with someone diagnosed or presumed to have COVID-19?



Please contact us by telephone at 416-395-1500 to reschedule your visit or to access our services. For staff, please return home and contact your supervisor.

02 In the last 14 days, have you received a COVID alert exposure notification on your cell phone?



03 Are you or anyone in your household ill?



04 Do you or anyone in your household have a fever and or chills, recent/worsening cough, barking cough, difficulty breathing, shortness of breath, muscle aches, fatigue, headache, sore throat, difficulty swallowing, runny nose or stuffy congested nose or digestive issues like nausea, vomiting, stomach pain and or diarrhea, new loss of taste or smell, pink eye, falling down often (for older individuals)?



05 Have you or anyone in your household travelled outside of the country in the last 14 days and been asked to quarantine?



06 Have you or anyone in your household had close contact with someone who has been outside of the country in the last 14 days and has been asked to quarantine?

