

COVID-19 Screening Questionnaire



Ontario Labour Relations Board (OLRB)

COVID-19 Screening Questionnaire

This questionnaire is to be completed on the day of your hearing or mediation and must be produced when you check-in for your hearing or mediation.

1. **Have you tested positive for COVID-19 in the last 14 days?**

Yes No

2. **Have you been asked to self-isolate by a doctor, health care provider or public health unit due to COVID-19 in the last 14 days?**

Yes No

3. **Have you been in close contact with someone who is sick or has confirmed COVID-19 in the past 14 days?**

Yes No

4. **Have you returned from travel outside Canada in the past 14 days?**

Yes No

5. **Do you have any of the following symptoms? Choose any and all symptoms that are new and not related to pre-existing medical conditions:**

Fever and/or chills

Pink eye (conjunctivitis)

New cough or cough that is worsening

Fatigue or extreme tiredness that is unusual

Difficulty breathing

Headache that is unusual or long lasting

Shortness of breath

Difficulty swallowing

Sore throat

Falling down often

Runny or congested nose

Muscle aches that are unusual or long lasting

Lost sense of taste and/or smell

Nausea, vomiting, diarrhea, loss of appetite, or stomach pain (not related to known causes or conditions)

Please check this box if all of your answers were “NO”

Date this form was completed: [Click here to enter text.](#)

If you answered “YES” to any of these questions, DO NOT PROCEED TO YOUR HEARING OR MEDIATION. Go home and self-isolate right away. Use the Ontario Self-Assessment Tool, and/or contact Telehealth at 1-866-797-0000, or their health care provider, or their local public health unit to seek guidance and testing, if recommended.