

# COVID-19 Screening for Visitors and Volunteers



UNIVERSITY OF  
TORONTO

U of T requires all individuals attending University premises to be **fully vaccinated against COVID-19**.

- I agree that I am fully vaccinated\* before attending University premises, unless I am unable for medical reasons or for grounds protected under the Ontario Human Right Code, and will provide proof of vaccination status if requested.
- If I am not vaccinated for such reasons, I agree to submit a negative COVID-19 PCR test or third-party rapid antigen testing within 72 hours (or as per local public health) prior to attending University premises and will provide proof of this negative test while attending University premises, if requested.



If you go to campus,  
**wear a mask.**

**All individuals must complete a self-screening assessment before coming to campus.**

You are required to maintain a log of your assessments for a period of 30 days. You may be asked at any time by a member of the University administration to show this log to confirm completion of your self-assessments over the preceding 30 days.

**Q1. In the last 5 days, have you experienced any of these symptoms that are new, worsening and not related to other known causes of conditions you already have?**

See Page 2 for the list of symptoms. Select **“No”** if you have already completed your isolation period of 5 days, and:

- you don't have a fever and
- your symptoms have been improving for over 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea)

**Q2. Do any of the following apply?**

- You live with someone who is currently isolating because of a positive COVID-19 test
- You live with someone who is currently isolating because of COVID-19 symptoms
- You live with someone who is waiting for COVID-19 test results

Select **“No”** if you completed your isolation after testing positive in the last 90 days (using a rapid antigen, rapid molecular, or PCR test).

**Q3. In the last 14 days, have you travelled outside of Canada and been told to quarantine per the federal quarantine requirements?** Note: if you have travelled but have received an exemption from the travel quarantine requirements (eg. fully vaccinated etc.), select **“No.”**

**Q4. 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.

**Q5. In the past 5 days, have you been identified as a "close contact" of someone who currently has COVID-19 or has symptoms of COVID-19?** “Close contact” as determined or identified by a public health authority or the University of Toronto Occupational Health Nurse.

Select **“No”** if any of the following apply:

- You are fully vaccinated, not immunocompromised, and you do not live with the person who has COVID-19, and/or
- You completed your isolation after testing positive in the last 90 days (using a rapid antigen, rapid molecular, or PCR test)

**Q6. In the last 5 days, have you tested positive for COVID-19?** This includes a positive COVID-19 test result on a lab-based PCR test, rapid molecular test, rapid antigen test, or home-based self-testing kit. Select **“No”** if you have already completed your isolation period of 5 days.

---

**If you have answered no to the numbered questions,** you have a **green status** and may come onsite as planned. Ensure that your University contact person has your up-to-date contact information before coming on site. Remember to wear a mask and abide by all University-posted signage and applicable public health requirements.

---

**If you have answered yes to any of the questions above,** you have a **red status**. Do not come to a University of Toronto owned or operated property. Contact your host department and the Occupational Health Nurse at [ehs.occhealth@utoronto.ca](mailto:ehs.occhealth@utoronto.ca) to determine next steps.

\*Fully vaccinated means 14 days following the recommended number of doses of a [Health Canada-approved vaccine](#) or 14 days after completing a [Health Canada recommended vaccination schedule](#) for those who received non-Health Canada-approved vaccines.

Completing this form does not replace the requirement to complete the UCheck Vaccine Declaration in the UCheck web portal if you are an employee or student and have access to UCheck. By completing this form you are confirming that you do not have access to the UCheck web portal at [ucheck.utoronto.ca](http://ucheck.utoronto.ca).

# COVID-19: Stop the Spread - Symptoms and Treatment

The symptoms listed here are the most commonly associated with COVID-19.

Are you currently experiencing any of these symptoms?

- **Fever and/or chills**  
Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
- **Cough or barking cough (croup)**  
Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)
- **Shortness of breath**  
Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)
- **Decrease or loss of taste or smell**  
Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
- **Muscle aches/joint pain**  
Unusual, long-lasting (**not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours**, a sudden injury, fibromyalgia, or other known causes or conditions you already have)
- **Extreme tiredness**  
Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
- **Sore throat**  
Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)
- **Runny or stuffy/congested nose**  
Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
- **Headache**  
New, unusual, long-lasting (**not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours**, tension-type headaches, chronic migraines, or other known causes or conditions you already have)
- **Nausea, vomiting and/or diarrhea**  
Not related to irritable bowel syndrome, anxiety, menstrual cramps, medication side effects, or other known causes or conditions you already have

## If you start to feel symptoms of COVID-19, you should:

- Go to a [COVID-19 assessment centre](#) to get tested
- Stay home and self-isolate unless you are going to the assessment centre
- Only call 911 if it is an emergency

Some groups are at higher risk of getting COVID-19. You may be in an at-risk group if you are 70 years old or older, are getting treatment that compromises (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors), have a condition that compromises (weakens) your immune system (for example, lupus, rheumatoid arthritis, other autoimmune disorder), have a chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma, heart condition), regularly go to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment).

# COVID-19 Screening Log

Name:

Date (DD/MM/YYYY)



Signature:

		I have completed the COVID-19 health screening listed above.	
		I have completed the COVID-19 health screening listed above.	
		I have completed the COVID-19 health screening listed above.	
		I have completed the COVID-19 health screening listed above.	
		I have completed the COVID-19 health screening listed above.	

Completing this form does not replace the requirement to complete the UCheck Vaccine Declaration in the UCheck web portal if you are an employee or student and have access to UCheck. By completing this form you are confirming that you do not have access to the UCheck web portal at [ucheck.utoronto.ca](http://ucheck.utoronto.ca).