COVID-19

Chemistry
UNIVERSITY OF TORONTO
Lash Miller Laboratories St. George Campus

HEALTH SELF MONITORING QUESTIONNAIRE

If you answer yes to any of the following; please return home and report as appropriated

Are you experiencing any of the following symptoms? Choose any/all that apply.

- ○ Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- ○ Chills
- ○ cough that's new or worsening (continuous, more than usual)
- ○ barking cough, making a squeaky or whistling noise when breathing(croup)
- ○ shortness of breath (out of breath, unable to breathe deeply)
- ○ sore throat
- ○ difficulty swallowing
- ○ hoarse voice (more rough or harsh than normal)
- ○ runny nose (more than the usual during seasonal allergies)
- ○ stuffy or congested nose (more than the usual during seasonal allergies)
- ○ lost sense of taste or smell
- ○ headache
- ○ digestive issues (nausea/vomiting, diarrhea, stomach pain)
- ○ fatigue (lack of energy, extreme tiredness)
- ○ falling down more than usual
- ○ none of the above

Has someone you are in close contact with tested positive for COVID-19?

No Yes

Are you in close contact with a person who is sick with new respiratory symptoms?

Respiratory symptoms can include fever, cough or difficulty breathing.

No Yes

Prepared by Grace Flock, DOTS May 2020